

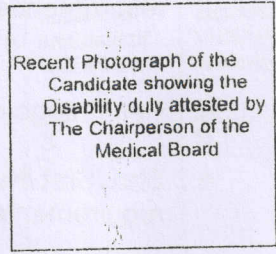
ANNEXURE - I

NAME AND ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No.

Date

DISABILITY CERTIFICATE



This is certified that Shri/Smt./Kum. _____ son/wife / daughter
 of Shri _____ age _____ sex _____
 identification mark(s) _____ is suffering from permanent disability of
 following category:-

A. Locomotor or cerebral palsy:

- (iv) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected.
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA- One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment:

(I) D-Deaf

(ii) PD-Partially Deaf

(Delete the category, whichever is not applicable).

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months.*

3. Percentage of disability in his / her case is _____ per cent.

4. Shri /Smt./Kum. _____ meets the following physical requirements for discharge of his / her duties:-

- | | |
|---|--------|
| (a) F-can perform work by manipulating with fingers | Yes/No |
| (b) PP-can perform work by pulling and pushing | Yes/No |
| (c) L-can perform work by lifting | Yes/No |
| (d) KC-can perform work by kneeling & crouching | Yes/No |
| (e) B-can perform work by bending | Yes/No |
| (f) S-can perform work by sitting | Yes/No |
| (g) ST-can perform work by standing | Yes/No |
| (h) W-can perform work by walking | Yes/No |
| (i) SE-can perform work by seeing | Yes/No |
| (j) H-can perform work by hearing/speaking | Yes/No |
| (k) RW-can perform work by reading and writing | Yes/No |

(Dr. _____)
Member
Medical Board

(Dr. _____)
Member
Medical Board

(Dr. _____)
Chairperson
Medical Board

Counter signed by the Medical
Superintendent/CMO/Head of
Hospital (with seal)

*Strike out which is not applicable.

28/1/06

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