FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL:

Certificate No. : .................................. Date ..................

DISABILITY CERTIFICATE

1. This is certified that Shri / Smt. / Kum. * ........................................................................................................
   Son / wife / Daughter* of Shri .......................................................................................................................
   Recent Photograph of the
candidate showing the
disability duly attested by
the Chairperson of the
Medical Board

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 .................... percent

4. Shri/Smt./Kum* ............................................................... meets the following physical requirement for discharge of his/her duties.
   (i) F - can perform work by manipulating with fingers Yes ☐ No ☐
   (ii) PP - can perform work by pulling and pushing Yes ☐ No ☐
   (iii) L - can perform work by lifting Yes ☐ No ☐
   (iv) KC - can perform work by kneeling and crouching Yes ☐ No ☐
   (v) B - can perform work by bending Yes ☐ No ☐
   (vi) S - can perform work by sitting Yes ☐ No ☐
   (vii) ST - can perform work by standing Yes ☐ No ☐
   (viii) W - can perform work by walking Yes ☐ No ☐
   (ix) SE - can perform work by seeing Yes ☐ No ☐
   (x) H - can perform work by hearing/speaking Yes ☐ No ☐
   (xi) RW - can perform work by reading and writing. Yes ☐ No ☐

   (Dr. ___________________________)
   (Dr. ___________________________)
   (Dr. ___________________________) Member, Medical Board Member, Medical Board Chairperson, Medical Board

Place: Date:

* Strike out the words which are not applicable:

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board

(Signature)

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