ANNEXURE- 4

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 …….
age ……..… sex - …….. Identification mark(s) …….
is suffering from permanent disability of following category:

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

A Locomotor OR Cerebral palsy:

(i) 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 (right or left)
  (a) Impaired reach
  (b) Weakness of grip
  (c) Ataxic
(vi) BH - Stiff back and hips(Cannot sit or stoop)
(vi) MW - Muscular weakness and limited physical endurance.

B Blindness or Low vision:
(i) B - Blind
(ii) PB - Partially Blind

C Hearing Impairement
(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 …….. 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:

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

* Strike out the words which are not applicable: