

## APPENDIX – IV

**The form of certificate to be produced by Physically Handicapped candidates applying for appointment to posts under the Government of India.**

### NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No .....

Date: .....

### DISABILITY CERTIFICATE

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

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:**

- (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
  - (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:—

- |        |     |  |        |
|--------|-----|--|--------|
| (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.....)  
Member  
Medical Board

(Dr.....)  
Member  
Medical Board

(Dr.....)  
Chairman  
Medical Board

Countersigned by the Medical Superintendent/CMO/Head of Hospital  
(With Seal)

\* Strike out whichever is not applicable