

**Enclosure E :**

**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**

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**DISABILITY CERTIFICATE**

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

This is to certify that Shri/Smt/Kumari\*.....son/daughter  
of.....Age..... years.....,  
Registration No.....is a **case of** Locomotor disability/ Cerebral Palsy/  
Blindness/ Low vision/ Hearing impairment/ Other disability\* and has been suffering from  
degree of disability not less than.....%

**A. Locomotors 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) QA-One arm affected (right or left) (a) Impaired reach  
(b) Weakness of grip  
(c) Ataxic
- (vi) BH-Stiff back and lips 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.  
Reassessment 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 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.....) (Dr.....) (Dr.....)  
 Member Medical Board                  Member Medical Board                  Member Medical Board

Countersigned by the Medical Superintendent/CMO/Head of Hospital (With seal) Strike out whichever is not applicable

**Declaration**

I.....Son/ daughter of Shri.....Resident of.....Village/town/city District state hereby declare that the my community is recognized as a **Physically Handicapped** candidates by the Government of India for the purpose of reservation in services.

Signature :.....

Full Name: .....

Address:.....

**Place:**

**Date:**