

PROFORMA -VII

(For P-1, P-2, and P-3 Candidates) (For Persons with Disability Candidates)

Name and address of the Institute / Hospital
Certificate No.

Date

Recent Photograph
of the candidate
showing the
disability duly
attested by the
chairperson of the

DISABILITY CERTIFICATE

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

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 (b) Weakness of grip (c)
- (v) OA-One arm affected (a) Impaired reach (b) Weakness of grip (c)
- (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 of not recommended/is recommended after a period of years months*.
- 3. **Percentage of disability in his/her _____ percent.**
case is meets the following physical requirements for discharge
- 4. Sh./Smt./Kum. _ 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 lifting 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.)
Member
Medical Board

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

*Strike out which is not applicable