

**ANNEXURE – “E”**

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD) NAME & ADDRESS OF THE INSTITUTE/HOSPITALDISABILITY CERTIFICATE

Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

(Paste here recent passport size colour photograph of the Applicants of size 4 cm x 5 cm)

Signature of Applicants

1. This is to certify that Smt. / Shri / Kum\* \_\_\_\_\_ Son / daughter of Shri \_\_\_\_\_, Male / Female having identification marks as below \_\_\_\_\_ is suffering from Permanent disability of following category.

A. Loco motor or cerebral palsy :

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected : (a) Impaired reach, (b) Weakness of grip.
- (iii) OL-one leg affected (right or left) : (a) Impaired reach, (b) Weakness of grip, (c) Ataxic-
- (iv) OA-One arm affected (right or left) : (a) Impaired reach, (b) Weakness of grip, (c) Ataxic
- (v) 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 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 \_\_\_\_\_ year \_\_\_\_\_ months.

3. Percentage of disability in his/her case is \_\_\_\_\_ Percent.

4. Smt./Shri./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 |

(Signature of Doctor)  
Name:  
Registration No.  
Member, Medical Board

(Signature of Doctor)  
Name:  
Registration No.  
Member, Medical Board

(Signature of Doctor)  
Name:  
Registration No.  
Member/Chairperson, Medical Board

\*Please delete the words which are not applicable  
Place:

Date :

Counter signature of the Medical  
Superintendent/CMO/ Head of Hospital(with seal)

Note:

- (i) according to the persons with Disabilities (Equal Opportunities, Protection of Rights and full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-Section(1) and(2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act. 1995 (1 Of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom at least one shall be a specialist in the particular field for assessing locomotors/ hearing and speech disability, mental retardation and leprosy cured as the case may be.
- (ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.