## FORMAT OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD) NAME AND ADDRESS OF THE INSTITUTE/ HOSPITAL

Date:  DISABILITY CERTIFICATE										Г	Paste here your recent colour		
											photograph	-	
1.	This is to certify that Shri/Smt./Kumson/daughter of Shriage, sex Male/Female having identification marks as below :										disability	(The pho	tograph
											should be	attested	by the
											chairperson	of the	Medical
	_			rmanent disability	of the follow	ving category :					Board)		
			Locomotor or cerebral palsy :										
		(i)		h legs affected but	not arms.								
		(ii)		h arms affected									
				Impaired reach	_								
				Weakness of gr	-						Signature of the		candidate
		(iii)		e leg affected (righ	nt or left)						Jigilatare o		
				Impaired reach									
			(b) (c)	Weakness of gr Ataxic	ip.								
		(iv)		ie arm affected (ri	ght or left)								
		` '	(a)		<b>,</b> ,								
			(b)		ip.								
			(c)	Ataxic									
		(v)	BH – Stif	f Back and hips (ca	nnot sit or s	toop)							
				uscular Weakness			urance.						
				ow Vision : C. Hea									
	(i) B-Blind (ii) PB- Partially Blind (i) D-Deaf (ii) PD- Partially Deaf.												
				tegory whichever									
				essive/non-progre			•	•					
				case is not recomn					Yea	irs	Month	S.	
				y in his/ her case is mee					scharge of	hic/hor duti	oc ·		
(i)				rk by manipulating			requirei	Yes	Scharge of	ilistilei uuti	No r		
				ork by manipulating ork by pulling and p		s. Ye	25	163	ļ	No	-		
				rk by lifting.	, asimib.	• • • • • • • • • • • • • • • • • • • •		Yes		110	No		
				ork by kneeling and	d crouching.	Ye	es			No	···		
(v)	B – can perform work by bending.						Yes			No			
				rk by sitting.				Yes	ļ		No		
(vii)	ST- ca	an pe	rform wo	rk by standing.				Yes			No		
(viii)	W – c	an p	erform w	ork by walking.				Yes			No		
(ix)	SE- ca	an pe	rform wo	rk by seeing.				Yes			No		
(x)	H – ca	an pe	erform wo	ork by hearing/spe	aking.			Yes			No		
(xi)	RW-	can p	erform w	ork by reading and	d writing.	Ye	es			No			
(Signature of Doctor) (Signatur				(Signature	e of Doctor)			(Signature of Docto		)			
Name :				Name:						Name:			
Registration No.				Registration No.						Registration	on No.		
Member, Medical Board					Member, Medical Board						Member/Chairperson, Medical Board		
*Ple	ase de	lete	the words	which are not app	olicable.								
Place													
		gnat	ure of the	Medical Superint	endent/CM	0/							
		_	al (with se	_		•							

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 may constitute a Medical Board consisting of t least three members out of whom at least one shall be a specialist in the particular field for assessing locomotor / 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.