

**MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)****NAME & ADDRESS OF THE INSTITUTE / HOSPITAL DISABILITY CERTIFICATE**

Certificate No. ....

Date : .....

1. This is certified that Smt./Shri/Kum\* ..... Son / daughter of

Shri ..... Age ..... Sex .....

Male / Female having identification marks as below .....

..... is suffering from permanent

disability of following category :

Paste here your recent  
colour photograph showing  
the disability (The  
photograph should be  
attested by the Chairperson  
of the Medical Board)

## A. Locomotor or cerebral palsy :

(i) BL-Both legs affected but not arms.

(ii) BA-Both arms affected

(iii) OL-One leg affected (right or left)

(iv) OA-One arm affected (right or left)

(v) BH-Stiff back and hips (cannot sit or stoop)

(vi) MW-Muscular weakness and limited physical endurance.

(a) Impaired reach

(b) Weakness of grip

(a) Impaired reach

(b) Weakness of grip (c) Ataxic

(a) Impaired reach

(b) Weakness of grip (c) Ataxic

## B. Blindness or Low Vision :

## (C) Hearing impairment :

(i) B-Blind (ii) PB-Partially Blind

(i) D-Deaf (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) PP-can perform work by pulling and pushing.     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) L-can perform work by lifting.                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv) KC-can perform work by kneeling and crouching.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) B-can perform work by bending.                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vi) S-can perform work by sitting.                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vii) ST-can perform work by standing.               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (viii) W-can perform work by walking.                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ix) SE-can perform work by seeing.                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (x) H-can perform work by hearing/speaking.          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xi) RW-can perform work by reading and writing.     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**(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 :

Counter signature of the Medical Superintendent/CMO/

Date :

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 which 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 maybe.

**(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'.**