NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

DISABILITY CERTIFICATE

Date: ....................

Certificate No..........................

1. This is certified that Smt./Shri /Kum*.................................... son/daughter* of Shri.............................................. ................................... age...........sex Male/ Female having identification marks as below.

2. This is certified that Smt./Sri/Kumari…………………………………………. being unable to perform the Typing Skill Test because of his/her physical disability, i.e., ……………………………………………………………...(indicate the category whichever is applicable) may be exempted from Typing Skill Test.

3. 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..

4. Percentage of disability in his / her case is..........................percent.

5. Smt./Shri/Kum*………………………………………….. meets the following physical requirement for:

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