

**FORMAT OF CERTIFICATE TO BE PRODUCED BY PERSONS WITH DISABILITY  
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

Name and address of the Institute or Hospital .....

Certificate No..... Date.....

This is certified that Shri / Smt / Kum \_\_\_\_\_ son /  
wife / daughter of Shri \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ Identification marks (s) \_\_\_\_\_ is suffering  
from permanent disability of following category:

Recent photograph  
of the candidate  
showing the  
disability duly  
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
  - (a) Impaired reach
  - (b) Weakness of grip
- (iii) BLA - Both legs and arms affected
  - (a) OL - One leg affected (right or left)
  - (b) Impaired reach
  - (c) Weakness of grip
  - (d) Ataxic
- (iv) OA - One arm affected
  - (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 recommended / not recommended after period of .....years ..... Months.

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

4. Shri. / Smt. / Kum ..... meets the following physical requirements 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 |

Dr.....  
Member  
Medical Board

Dr. ....  
Member  
Medical Board

Dr.....  
Chairperson  
Medical Board

**Counter signed by  
Medical Superintendent / CMO / HoD of  
Hospital (with seal)**

**Proforma-IV**

**Form-II**

**Disability Certificate**

**(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)  
(See rule 4)**

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size Attested Photograph (Showing face only) of the person with disability Certificate No. .... Date: ..... This is to certify that I have carefully Examined Shri/Smt/Kum..... son/wife/ daughter of Shri..... Date of Birth ..... (DD/MM/YY) Age ..... years, male/female ..... Registration No. .... permanent resident of House No. .... Ward/Village/Street ..... Post Office ..... District ..... State ..... whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of :

= locomotor disability`

= blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is .....

(A) He/ She has .....% (in figure)..... percent (in words) permanent physical impairment/blindness in relation to his/her ..... (part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence;-

Nature of Document Date of Issue Details of authority

issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Form-III

Disability Certificate

(In case of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability Certificate No. .... Date: ..... This is to certify that we have carefully examined Shri/Smt/Kum. .... /son/wife/daughter of Shri ..... Date of Birth..... Age .....years, male/female.....(DD/MM/YY) Registration No..... permanent resident of House No..... Ward/Village/Street.....Post Office ..... District.....State ..... whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability of Body disability (in %)	Affected Part impairment/ mental	Diagnosis	Permanent physical
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1 Locomotor disability @

2 Low vision #

3 Blindness Both Eyes

4 Hearing impairment £

5 Mental retardation X

6 Mental-illness X

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

In figures:- .....percent

In words:- .....percent

2. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after ..... years..... months, and therefore this certificate shall be valid till .....(DD/MM/YY)

@ e.g. Left/Right/both arms/legs

# Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:- Nature of Document Date of Issue Details of authority issuing certificate.

5. Signature and seal of the Medical Authority, Name and seal of Member Name and seal Name and seal of the of Member Chairperson Signature/Thumb impression of the person in whose favour disability certificate is issued.

#### Form-IV

#### Disability Certificate

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability Certificate No. .... Date: ..... This is to certify that I have carefully examined Shri/Smt./Kum ..... son/wife/daughter of Shri ..... Date of Birth..... (DD/MM/YY) Age ..... years, male/female..... Registration No. .... permanent resident of House No..... Ward/Village/Street..... Post Office ..... District..... State .....whose photograph is affixed above, and am satisfied that he/she is a case of ..... disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability of Body disability (in %)	Affected Part Diagnosis impairment/ mental	Permanent physical
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1 Locomotor disability @

2 Low vision #

3 Blindness Both Eyes

4 Hearing impairment £

5 Mental retardation X

6 Mental-illness X

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary

Or

(ii) is recommended/ after ..... years ..... months, and therefore this certificate shall be valid till .....(DD/MM/YY)

@ e.g. Left/Right/both arms/legs

# e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:- Nature of Document Date of Issue Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal))

Signature/Thumb impression of the person in whose favour disability certificate is issued.

**Note:** In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908 (E), dated the 31st December, 1996.