

FORM FOR PHYSICALLY DISABLED CATEGORY

I, Dr. _____ Regn. No. _____ examined Shri/Smt./Kum. _____ whose particulars are given below and hereby certify that he/she is a permanent physically disabled person of the following category:-

- (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 both arms affected
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA-One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance
- (viii) B-Blind
- (ix) PD-Partially Deaf
- (x) D-Deaf

(Delete the category whichever is not applicable)

2. The percentage of disability in hi/her case is _____.

3. Shri/Smt/Kum _____ meets the following physical requirement for discharge of his/her duties:-

- (i) F-Work performed by manipulating with fingers.
- (ii) PP-Work performed by pulling and pushing



सेल SAIL

- (iii) L-Work performed by lifting
- (iv) KC-Work performed by kneeling and crouching.
- (v) B-Work performed by bending
- (vi) S-Work performed by sitting
- (vii) ST-Work performed by standing
- (viii) W-Work performed by walking
- (ix) SE-Work performed by seeing
- (x) H-Work performed by hearing/speaking
- (xi) RW-Work performed by reading and writing

(Delete whichever is not applicable)

4. Shri/Smt/Kum _____ does not suffer from disease (communicable or otherwise), constitutional weakness or bodily infirmity that may interfere with the efficient discharge of his/her duties as an Officer under the Govt. of India.

- (i) Name of the Candidate _____
- (ii) Father's Name _____
- (iii) Identification Marks _____
- (iv) Sex _____
- (v) Age _____

Signature of Surgeon/Medical Officer
Designation _____

Signature of Candidate

Office Stamp _____
Address _____

Note: The disability certificate should be issued by a Govt. Hospital