

## 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<br>(b) Weakness of grip               |
| (iii)  | BLA-Both legs and both arms affected                |  |
| (iv)   | OL-One leg affected (right or left)                 | (a) Impaired reach<br>(b) Weakness of grip<br>(c) Ataxic |
| (v)    | OA-One arm affected                                 | (a) Impaired reach<br>(b) Weakness of grip<br>(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
- (iii) L-Work performed by lifting
- (iv) KC-Work performed by kneeling and chrouching.
- (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.

Proforma

- (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