

**Performa-V**

**The form of certificate to be produced by Physically Handicapped candidates applying for appointment to posts under the Government of India.**

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. ....

Date: .....

**DISABILITY CERTIFICATE**

Recent Photograph of  
the candidate showing  
the disability duly  
attested by the  
Chairperson of the  
Medical Board

This is certified that Shri/Smt./Kum. ....son/wife/daughter of Shri  
..... age .....sex ..... identification mark(s) ..... is  
suffering from permanent disability of following category :

**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 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.

**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 not recommended/is recommended after a period of .....years ..... months.\*

3. Percentage of disability in his/her case is..... Per cent.

4. Shri/Smt./Kum. .... meets the following physical requirements for 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. ....)  
Chairman  
Medical Board

Countersigned by the Medical  
Superintendent/CMO/Head of Hospital  
(With seal)

\* Strike out whichever is not applicable.