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
(iii) BLA-Both legs and both arms affected
(iv) OL-One leg affected (right or left)
(v) OA-One arm affected
(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 his/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 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.
Proforma

(i) Name of the Candidate ________________________________
(ii) Father's Name ________________________________
(iii) Indentification 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