FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD) NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No	Date	Date		
DISABILITY CERTIFIC	CATE			
This is certified that Shri/Smt/Kum* Son/Daughter* of Shri agesex Male/Female hav belowis suffering from permanent disability	ing identification marks as	Paste here your recent colour photograph showing the disability (The photograph should be 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	Board.)		
(iii) OL-One leg affected (right or left)	(a) Impaired reach (b) Weakness of grip			
(iv) OA-One arm affected(right or left)	(c) Ataxic(a) Impaired reach(b) Weakness of grip	Signature of candidate in the above box below the photograph		
(v) BH-Stiff back and hips(can not sit or state)(vi) MW- Muscular weakness and limited ph				
B. Blindness or Low Vision	C. Hearing Impairment			
(i) B-Blind	(i) D- Deaf			
(ii) PB- Partially Blind	(ii) PD- Partially Deaf			
(Delete the category whichever is r	not applicable)			
 This condition is progressive likely to imprerecommended /is recommended after a peri Percentage of disability in his/her case is Shri/Smt./Kum.*	od ofyearsmonths. percent. meets			
(ii) PP-can perform work by pulling and pus	hing 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	g /speaking	Yes		No		
(xi) RW-can perform work by read	ing and writing	Yes		No		
Signature of Doctor) (Signature of Doct		ctor)		(Signature of Doctor)		
Name:	Name:			Name:		
Registration No.	Registration No.			Registration No.		
Member, Medical Board Board	ical Board Member, Medical Board		d	Member/Chairperson Medical		
* Please delete the words which are not applicable.						
Place :						
Date : Countersignature of the Medical Superintendent/CMO Head of Hospitals(with seal)						

Note:— (i) According to the Persons with Disabilities)Equal Opportunities. Protection of Rights and Full Participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the poers conferred by sub-section(1) and (2) of 73 of the Persons with Disabilities (Equal opportunities, Protection of Rights and Full Participation) Act. 1995(1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or Sate Government. The State government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor hearing and speech disability, mental retardation and leprosy cured, as the case may be

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.