

## 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
  - (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