

FORMAT OF MEDICAL CERTIFICATE FOR PERSON WITH DIABILITIES (PwD)

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL _____

Certificate No. _____ Date: _____

1. This is to certify that Smt/Shri/Kum _____
son/daughter of Shri _____ age _____
Male/Female having identification marks as below: _____
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) OL-One leg affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
(iv) OA- One arm affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
(v) BH- Stiff Back and hips (cannot sit or stoop)
(vi) 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/ recommended after a period _____ years
_____ months.
3. Percentage of disability in his/ her case is _____ Percent.
4. Smt./Shri/Kum _____ meets the following physical requirement 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 |

Paste here your recent colour photograph showing the disability (The photograph should be attested by the Chairperson of the Medical Board)

Signature of the candidate

(Signature of Doctor)

Name :

Registration No.

Member, Medical Board

(Signature of Doctor)

Name:

Registration No.

Member, Medical Board

(Signature of Doctor)

Name :

Registration No.

Member/Chairperson,
Medical Board

* Please delete the words which are not applicable.

Place :

Date:

Counter Signature of the Medical Superintendent/CMO/Head of Hospital (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 powers conferred by sub-section (1) and (2) of Section 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 the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom 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'.

FORMAT OF CERTIFICATE FOR DYSLEXIA

FORMAT OF MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE

Name and address of the Government Hospital / Government-recognized NGO issuing the certificate

Date:

PSYCHO-EDUCATIONAL EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the hospital / NGO {date / number}:

Name of the Father/Mother/Guardian:

Standard and Name of the School / College:

Physical & Neurologic Assessment: []

Psychological Assessment: []

Photograph of the candidate attested by the clinical psychologist issuing the certificate

WISC

Verbal IQ:

Performance IQ:

Full Scale IQ:

Interpretation:

Educational Assessment: []

Certified that:

1. The percentage of handicap is **NOT LESS** than 40%.
2. The disability is **PERMANENT** in nature.

Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. Thus a disorder that is diagnosed implies a disability amounting to not less than 40%.

Recommendations:

(Name, Signature, Seal and Registration number of Clinical Psychologist qualified to issue this certificate recognized by the Central or a State {including Union Territories} Government)