

NAME & ADDRESS	OF THE	INSTITUTE/	HOSPITAL
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Certificate	No
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Date:	

## **DISABILITY CERTIFICATE**

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

A. Locomotor or cerebral palsy: -

(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)

## **Recruitment Branch**

BSNL Corporate Office, New Delhi-110001.



(भारत सरकार का उपक्रम) BHARAT SANCHAR NIGAM LIMITED (A Govt. of India Enterprise)

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 ..... percent.

4. Sh./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\_\_\_\_\_ Chairperson

Medical Board

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

\* Strike out which is not applicable