

OFFICE OF THE CHIEF MEDICAL OFFICER, BULANDSHAHR

Certificate No. Ho-M-1/Radiation/ok.

Date 02/11/2017

DISABILITY CERTIFICATE

This is to certified that Shri/Smt/kum AYNEESH KUMAR son/daughter/wife of Shri NARSI age 20 Years
 Sex MALE. Address VIL: GAFOOR GURHI, P.O.: SEKANABABAD, DIST.: BULANDSHAHR. Identification
 mark MARK ON LEFT CHEEK 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) **BLA**- Both legs and both arms affected.
- (iv) **OL**- One leg affected (right or left): - Right
 - (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 stood).
- (vi) **MW**-Muscular weakness and limited physical endurance.



Yama
 (U.P.)

- B. Blindness or Low Vision:** - (a) B-Blind. (b) PB-partially Blind
- C. Hearing impairment:** - (a) D-Deaf. (b) PD-partially Deaf

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 40 year 0 months.

3. Percentage of disability in his/her case is 40 percent.

4. Sh/Smt/Kum/ Ayneesh Kumar meets the following physical requirements for discharge of his/her duties.

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|---|----------|
| i. F-can perform work by manipulating with fingers. | (Yes/No) |
| ii. PP-can perform work by pulling & 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. [Signature])
 Member Medical Board
Orthopedic Surgeon
 Office of the
 Chief Medical Officer
 Bulandshahr (U.P.)

(Dr. [Signature])
 Member Medical Board
Eye Surgeon
 Office of the
 Chief Medical Officer
 Bulandshahr (U.P.)

(Dr. [Signature])
 Chairperson Medical Board
Chief Medical Officer
 Countersigned by: Medical Superintendent
 /CMO/Head of Hospital. (with seal)