

FORMAT OF MEDICAL CERTIFICATE FOR PERSON WITH DIABILITIES (PwD)

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL Issuing Medical Authority, Jaunpur, UP
 Certificate No. UP6310719980154682 Date: 23/5/2022

1. This is to certify that Smt/Shri/Kum RAJ SINGH
 Son/daughter of Shri RAKESH KUMAR RAI age 24
 Male/Female having identification marks as below: Forehead
 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 45% (forty five) Percent.
4. Smt./Shri/Kum RAJ SINGH meets the following physical requirement 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 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 |

(Signature of Doctor)
 Name: Dr. S.C. Varma
 Registration No. 34565
 Member, Medical Board
 जौनपुर

(Signature of Doctor)
 Name: डा० एस० कुशवाहा
 Registration No. 32925
 Member, Medical Board
 जौनपुर

(Signature of Doctor)
 Name: डा० एस० पी० नारायण
 Registration No. N. 040126
 Member/Chairperson,
 Medical Board
 जौनपुर

* Please delete the words which are not applicable.
 Place: Jaunpur Date: 28/5/2022
 Counter Signature of the Medical Superintendent/CMO/Head of Hospital (with seal)

मुख्य चिकित्साधिकारी
जौनपुर