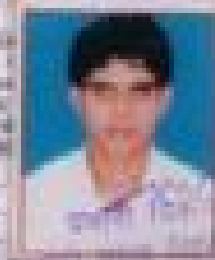


NAME & ADDRESS OF THE INSTITUTION/HOSPITAL

Centre 502
Certificate No. 985/13

ANNEXURE
Date 26/11/13

DISABILITY CERTIFICATE



This is to certify that Shri. Sanku Kumar Sanku Kumar
designated as Shri. Sanku Kumar age 24
Sex Male identification marks as
suffering from permanent disability of following category

- (i) Locomotor or cerebral palsy:
 - (a) DL - Both legs affected but not arms.
 - (b) DA - Both arms affected
 - (i) Impaired reach
 - (ii) Weakness of grip
 - (c) DLA - Both legs and both arms affected
 - (d) OL - One leg affected (right or left)
 - (i) Impaired reach
 - (ii) Weakness of grip
 - (iii) Ataxia
 - (e) OA - One arm affected
 - (i) Impaired reach
 - (ii) Weakness of grip
 - (iii) Ataxia
- (ii) MS - MSU back and legs (Covered all or above)
- (iii) MSU - Muscular weakness and limited physical work capacity
- (iv) Blindness or Low Vision:
 - (a) B - Blind
 - (b) PB - Partially Blind
- (v) Hearing Impairment:
 - (a) D - Deaf
 - (b) PD - Partially Deaf

(Delete the category which does not apply)
3. This condition is progressive/semi-progressive/likely to improve/ not likely to improve. Its assessment of this case is not recommended/recommended after a period of years months.

4. Percentage of disability in this case is 40% percent.
5. Sh. Sanku Kumar Sanku Kumar meets the following physical requirements for discharge of his/her duties.

- (i) F - can perform work by manipulating with fingers Yes/No
- (ii) PF - 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) H - can perform work by hearing / speaking Yes/No
- (x) V - can perform work by viewing and seeing Yes/No

Signature of Medical Officer: [Signature] Date: 26/11/13
Signature of Medical Officer: [Signature] Date: 26/11/13
Signature of Medical Officer: [Signature] Date: 26/11/13

For Special [Signature]
For Management by the Medical Superintendent [Signature]
For Medical Officer [Signature]