

2022

ANNEXURE-I

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____

Date _____

DISABILITY CERTIFICATE



This is certified that Shri / Smt / Kum Kaling Yaying

Son/wife/daughter of Shri Tasor Yaying age 23 Sex M Identification Mark (e)

Hand made 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) (a) Impaired reach. (b) Weakness of grip (c) Ataxic.
- (v) OA-One leg affected (a) Impaired reach. (b) Weakness of grip. (c) Ataxic.
- (vi) BH-Still 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)

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 60% percent.

4. Shri/Smt/Kum Kaling Yaying Meets the following physical requirements for discharge of his/her duties:

- | | |
|--|--|
| (i) F-can perform work by manipulating with fingers. | <input checked="" type="checkbox"/> Yes/No |
| (ii) PP-can perform work by pulling and pushing. | <input checked="" type="checkbox"/> Yes/No |
| (iii) L-can perform work by lifting. | <input checked="" type="checkbox"/> Yes/No |
| (iv) CX-can perform work by kneeling and crouching. | <input checked="" type="checkbox"/> Yes/No |
| (v) B-can perform work by bending. | <input checked="" type="checkbox"/> Yes/No |
| (vi) S-can perform work by sitting. | <input checked="" type="checkbox"/> Yes/No |
| (vii) ST-can perform work by standing. | <input checked="" type="checkbox"/> Yes/No |
| (viii) W-can perform work by walking. | <input checked="" type="checkbox"/> Yes/No |
| (ix) SE-can perform work by seeing. | <input checked="" type="checkbox"/> Yes/No |
| (x) H-can perform work by hearing/speaking. | <input checked="" type="checkbox"/> Yes/No |
| (xi) RW-can perform work by reading or writing. | <input checked="" type="checkbox"/> Yes/No |

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