

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL
 Certificate No. 19/2010 (Date) 10-6-2010



DISABILITY CERTIFICATE



Surgeon
 Hospital
 (I.A.P.)

This is certified that John Maya
 daughter of John Maya age 22 Sex Female
 is suffering from permanent disability of following category
D/O Stn Joram Puda, Liu-Tap, P.O. - Yachudi, Dist. - Subansiri.

- 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) ~~OL~~ OA-One leg 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

one leg and Both Ha

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 75 percent.
 4. John Maya 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) CK-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 & writing. | Yes/No |

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