

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 811/16.

Date 9/12/16.

DISABILITY CERTIFICATE



This is certified that Shri/ Smti/Kum SHADAR KAMLE
Son/Wife/daughter of Shri LAK SHADAR SHAGAM age 47 Sex M
M Identification mark(s) _____ 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-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) B-Blind
- (ii) PD-Partially Deaf.

C/S [Signature]