

FORM OF CERTIFICATE TO BE PRODUCED BY
PHYSICALLY HANDICAPPED CANDIDATES

I, Dr. Regn. No. have examined Shri/Miss/Mrs. whose particulars are given below and hereby certify that she / he is a permanent physically handicapped person of the following category which is covered by the Rules of the combined, civil, medical, IFS, ISS, Services Examination, etc.

- i. One leg affected (right or left)
- ii. One leg and partial arm affected (right or left)
- iii. Both legs affected but not arms
- iv. One leg or arm affected
- v. Deaf/partially Deaf
- vi. Blind/partial blind

(Delete the category whichever is not applicable)

2. The percentage of disability in his/her case is

3. Shri/Miss/Mrs. meets the following physical requirement for discharge of his / her duties:

- (1) JF - Work performed by manipulating (with Fingers).
- (2) PP - Work performed by pulling and pushing.
- (3) L - Work performed by lifting.
- (4) KC - Work performed by kneeling and crouching
- (5) B - Work performed by bending.
- (6) S - Work performed by sitting (on bench or chair).
- (7) ST - Work performed by standing.
- (8) W - Work performed by walking.
- (9) SE - Work performed by seeing.
- (10) H - Work performed by hearing / speaking.
- (11) RW - Work performed by reading and writing.

(Delete whichever is not applicable)

4. Shri / Miss/Mrs. does not suffer from any other disease (communicable or otherwise) constitutional weakness of bodily infirmity that may interfere with the efficient discharge of this duties as an officer under the Government of India.

- (1) Name of Candidate**
- (2) Father's Name**
- (3) Identification Mark**
- (4) Sex**
- (5) Age**

Signature of Surgeon/Medical Officer

Designation

Office Stamp.....

Address.....

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Signature of Candidate

Note:

- 1. The disability certificate should be issued by a Government Hospital / Medical Board.**
- 2. For being valid, such a certificate should not be more than three year old.**