

CERTIFICATE FOR TYPING SKILL TEST EXEMPTION FOR PERSONS WITH DISABILITIES (PWD)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL DISABILITY CERTIFICATE

Certificate No.....

Date:

1. This is certified that Smt./Shri /Kum*..... son/
daughter* of Shri..... age..... sex
Male/ Female having identification marks as below
..... is suffering from permanent disability of
following category :

Paste here your recent colour photograph showing the disability (The photograph should be attested by the Chairperson of the Medical Board)

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) OL-One leg affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
(iv) OA-One arm affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
(v) BH-Stiff back and hips (cannot sit or stoop)
(vi) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind (ii) PB-Partially Blind (i) D-Deaf

(C) Hearing impairment :

- (ii) PD-Partially Deaf

Signature of candidate
in the above box below
the photograph

(Delete the category whichever is not applicable)

2. This is certified that Smt./Sri/Kumari..... being unable to perform the
Typing Skill Test because of his/her physical disability, i.e.,
(indicate the category whichever is applicable) **may be exempted from Typing Skill Test.**

3. 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..... year months.

4. Percentage of disability in his / her case ispercent.

5. Smt./Shri/Kum*..... meets the following physical requirement for:

- | | | |
|--|-----|----|
| (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) 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) 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 and writing. | Yes | No |

(Signature of Doctor)

Name :

Registration No. :

Member, Medical Board

(Signature of Doctor)

Name :

Registration No. :

Member, Medical Board

(Signature of Doctor)

Name :

Registration No. :

Member, Chairperson, Medical Board

* Please delete the words which are not applicable

Place :

Counter signature of the Medical Superintendent/CMO/

Date :

Head of Hospital (with seal)

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub- Section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor / hearing and speech. (ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as 'permanent'.

