

FORM OF CERTIFICATE FOR ORTHOPEDICALLY HANDICAPPED
(LOCOMOTOR DISABLED)

Paste recent
Passport Size
Photograph
Self Attested

Only to be filled by the Medical Board

[ORTHOPEDICALLY HANDICAPPED (LOCOMOTOR DISABLED) ARE THOSE WHO HAVE PHYSICAL DEFECT OR DEFORMITY WHICH CAUSE AN INTERFERENCE WITH THE NORMAL FUNCTIONING OF BONES MUSCLES AND JOINTS.]

1. Full Name of Candidate :

2. Case No. :

3. (a) Nature of disability
(to be mentioned in the square on the right side)

POLIO

CEREBRAL PALSY

HEMIPLEGIA

PARAPLEGIA

AMPUTATIONS

QUADRUPLEGIA

CONGENITAL & ACQUIRED DEFORMITY

OTHERS

(b) Extent of disability

(Upper limbs must be normal)

1. Below 50%

2. Between 50% to 70%

3. Above 70%

I Certify that Shri/ Kum. _____ has been examined by the members of the Board on ____ / ____ / 2012 and has been found orthopedically handicapped [locomotor disabled] and in opinion of members of Board, he/ she is having locomotor disability ____ % and he / she is having both the upper limbs normally functioning.

Out ward No. :

Signature of Chairman
Medical Board

Date :

Place :

Note : (To be submitted at the receiving centre along with application form or atleast 10 days before the date of first counselling)