

recommended/ is recommended after a period ofyears.....months.*

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

4. Shri/Smt./Kum.....meets the following physical requirement 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) 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

(Dr. _____)
Member

(Dr. _____)
Member

(Dr. _____)
Chairman

Countersigned by the Medical Superintendent/
CMO/Head of Hospital
(with seal)

(*Strike out which is not applicable)