

Appendix - III of Annexure. A

STANDING HEIGHTS FOR INDIAN POPULATION (IN INCHES) MEAN AND STANDARD DEVIATIONS

Age	Mean	S.D.	-2S.D.	Mean	S.D.	-2S.D.
Less than	22.13	2.32	17.49	21.65	2.13	17.39
3 months						
3 months	24.68	1.58	21.52	23.98	2.40	21.80
+						
6 months	25.55	3.19	19.17	25.35	1.43	22.49
+						
9 months	27.36	1.77	23.82	26.26	1.52	23.22
+						
1 year +	29.09	2.07	24.95	28.54	2.04	24.46
2 year +	32.13	2.10	27.93	31.53	2.28	26.97
3 year +	34.96	2.58	29.80	34.33	2.50	29.33
4 year +	37.80	2.65	32.50	37.20	2.50	32.20
5 year +	40.19	3.16	33.84	39.92	2.90	34.12
6 year +	42.71	2.81	37.09	42.28	3.41	35.46
7 year +	44.84	3.41	38.02	44.04	3.34	37.72
8 year +	46.96	2.89	41.18	46.53	3.03	40.47
9 year +	48.70	3.65	41.40	48.38	2.96	42.46
10 year +	48.97	3.93	41.11	50.55	3.15	44.25
11 year +	52.51	3.83	44.86	52.60	3.73	45.14
12 year +	54.45	3.99	46.47	54.80	4.03	46.74
13 year +	56.93	3.84	49.25	56.65	3.63	49.39
14 year +	59.10	3.95	51.20	58.07	3.82	50.43
15 year +	61.22	3.94	53.34	58.89	3.27	52.35
16 year +	62.79	3.84	55.11	59.44	2.80	53.84
17 year +	63.54	4.11	55.32	59.64	2.95	53.74
18 year +	64.21	3.76	56.69	59.72	2.31	55.10
19 year +	64.37	3.79	56.79	59.72	2.31	55.10
20 year +	64.60	2.75	59.10	59.72	2.32	55.08
21 year +	64.64	2.40	59.84	60.24	2.24	55.76

ANNEXURE - B

CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

This is to certify that Shri/Smt./Kum _____

Son/ Daughter of _____ of
Village/Town/City

_____ with particulars given below:-

- a) Age
- b) Sex
- c) Signature/Thumb impression

CATEGORISATION OF MENTAL RETARDATION

Mild/Moderate/Server/Profound

Validity of the Certificate : Permanent

Signature of the Government
Doctor/Hospital with seal
Chairperson Mental Retardation
Certification Board

Recent Attested Photograph Showing the disability affixed Here.

Dated:

Place:

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ANNEXURE - B

STANDARD FORMAT OF THE CERTIFICATE

Certificate No. _____

Date _____

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that

Shri/Smt/Kum _____

Son/wife/daughter of Shri _____

Age _____ old male/female, Registration No. _____ is a case of

_____ He/She is

physically disabled/visual disabled/speech & hearing disabled and has _____% (_____ per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her _____

Note:-

1. This condition is progressive/non-progressive/likely to improve/not likely to improve.*
2. Re-assessment is not recommended/is recommended after a period of _____ months/years.*

*Strike out which is not applicable.

Sd/- Sd/- Sd/-
(DOCTOR) (DOCTOR) (DOCTOR)
Seal Seal Seal

Signature/Thumb impression
Of the patient.

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

Recent Attested Photograph Showing the disability affixed Here.