

CERTIFICATE OF HEARING DISABILITY

Govt. of India P.W.D.Act.,1995
Govt. of A.P., G.O.Ms.No.27, WD,CW&DW(DW) Dept., 9.8.2000
Govt. of A.P., G.O.Ms.No.109, WD,CW & L (WH. Desk) Dt:15.6.1992.

Name _____ Age _____
Sex _____ Date _____ O.P. No. _____
Diagnosis _____
Father's/Husband's Name _____

Identification Marks:

1. _____
2. _____

Pass Port
Size
Photograph
of the
Candidate
with the
Attestation of
the Issuing
authority

Audiological Findings:

Pure Tone Threshold of hearing in Conversational Frequencies

Rt. Ear: _____ db; Lt. Ear: _____ db

Percentage of Disability _____ % (in words)

Signature/Thumb impression
of Disabled Person.

Certified that _____

Son/Daughter/Wife of _____ has _____ % (in
words) _____ of Hearing Disability. He/She belongs to the category
_____ (in words) _____ of
MILD/MODERATE/SEVERE/PROFOUND - Hearing Disability.

AUDIOLOGIST & SPEECH PATHOLOGIST

ENT SURGEON

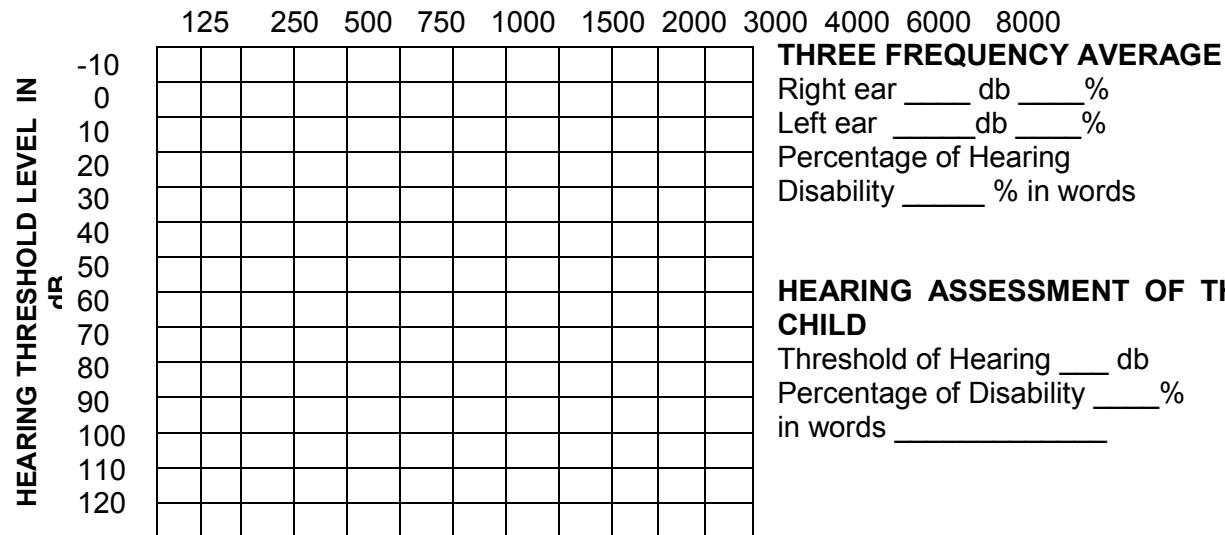
ENT SURGEON

The details of the benefits offered for each category of the disability are available at the back of
the Certificate.

HEARING ASSESSMENT

Name _____ Age _____ Sex _____
 Date: _____ O.P. No. _____

AUDIOGRAM
FREQUENCY IN HERTZS



ASSESSMENT OF SPEECH:

BENEFITS OFFERED

| Category | Disability | Percentage | Benefits |
|-----------------|-------------------|-------------------|--|
| I | Mild | Less than 40% | * No special benefits |
| II | Moderate | 40% and above | * Hearing aid at free of cost or concessional rates |
| III | Severe | 75% and above | * Hearing aid at free of cost or concessional rates * Job reservation * Benefit of special employment exchange * Scholarships * Single language formula |
| IV | Profound | 100% | * Hearing aids * Facilities of reservation * special employment exchange * Special facilities in Schools like Scholarships, hearing aids * Exemption from 3 language formula |