

CERTIFICATE OF HEARING DISABILITY

(G.O.Ms.No. 31, Women's Development, Child Welfare & Disabled Welfare (DW) Dept.,
Dt: 01.12.2009)

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
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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

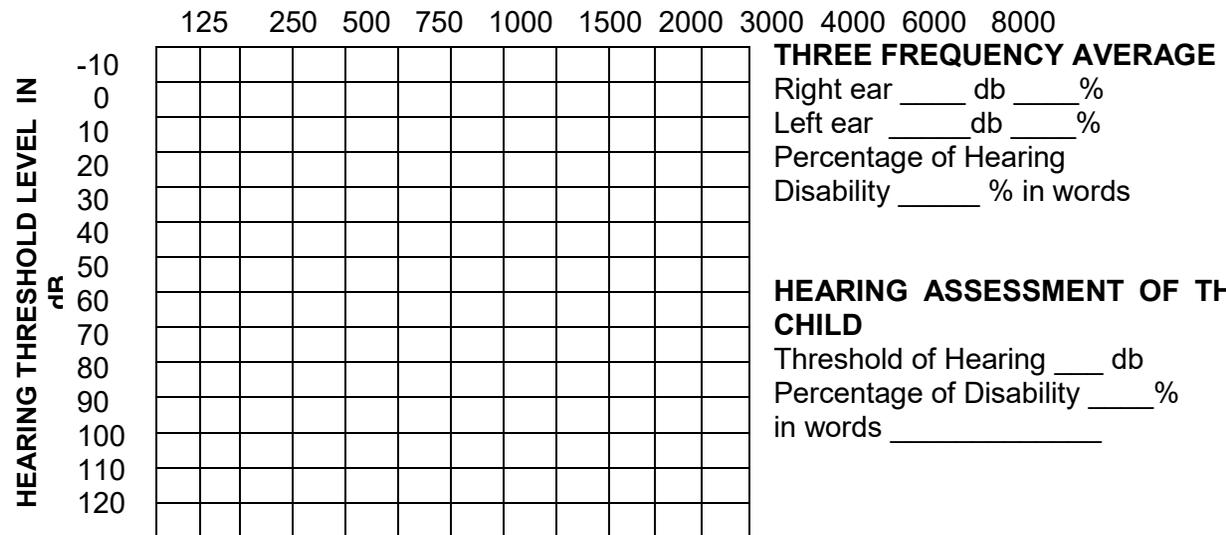
The details of the benefits offered for each category of the disability are available at the back of the Certificate.

HEARING ASSESSMENT

Name _____ Age _____ Sex _____

_____ Date: _____ O.P. No. _____

AUDIOGRAM FREQUENCY IN HERTZS



Categories of Hearing Impairment.

Category	Type of Impairment	D B Level	Speech discrimination	% age of Impairment
I	Mild hearing Impairment	DB 26 to dB in better ear	80 to 100% in better ear	Less than 40% to 50%
II(a)	Moderate hearing	41 to 60 dB in better ear	50 to 80% in better ear	40% to 50%
II(b)	Severe hearing Impairment	61 to 70 dB hearing Impairment better ear	40 to 50% in better ear	51% to 70%
III	a) Profound hearing Impairment	71 to 90 dB	Less than 40% in better ear	71% to 100%
	c) Total deafness	91 dB and above / in better ear / to hearing	Very poor discrimination	100%