

**DISABILITY CERTIFICATE
(IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF LIMBS
AND IN CASES OF BLINDNESS)**

(See rule 4)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)**

Recent PP size
Attested
Photograph
(showing face only)
of the person with
disability

Certificate No.

Date:

**This is to certify that I have carefully examined
Shri/Smt/Kum _____ Son/wife/daughter _____**

Date of Birth _____ Age _____ years, male/Female _____

Registration No. _____ permanent resident of Home No. _____

Ward/Village/Street _____ Post Office _____ District _____

State _____.

Whose photograph is affixed above, and am satisfied that :

(A) he/she is a case of:

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case _____

(A) He/She has _____% (in figure) _____ percent (in
words) permanent physical impairment/blindness in relation to
his/her _____ (part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate.

(Signature and Seal of Authored Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.

DISABILITY CERTIFICATE
(In case other than those mentioned in Forms II)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See rule 4)

Recent PP size Attested Photograph (showing face only) of the person with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt/Kum
 _____ Son/wife/daughter of Shri _____ Date of Birth _____
 (DD/MM/YY) Age _____ years, male/Female _____ Registration
 No. _____ permanent resident of House No. _____
 Ward/Village/Street _____ Post Office _____
 District _____ State _____ Whose photograph is affixed above, and am
 satisfied that he/She is a Case of _____ disability. His/her extent of
 percentage physical impairment/disability has been evaluated as per guidelines (to
 be specified) for the disabilities (to be specified) and is shown against the relevant
 disability in the table below:-

S.No	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/mental disabilities (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

2. The above condition is progress/non progress/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after _____ years _____ on this, and therefore this certificate shall be valid till _____
 (DD) (MM) (YY)

@ e.g. Left/Right/both arms/Legs

e.g. Single eye/both eyes

\$ e.g. Left/Right/both ears.

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority

(Name and Seal)

Countersigned

{ (Countersignature and seal of the CMO/Medical Superintendent /Head of Government Hospital, in case the certificates issued by a medical authority who is not a permanent servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer

on the District.”