

FORM – VCertificate of Disability**(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)****[See Rule 18(1)]****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent Passport Size
Attested Photograph
of the person with
disability
(Showing face only)

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/YYYY)

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:

(A) He/she is a case of:

*Locomotor Disability

*Dwarfism

*Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is

(1) He / She has% (in figure) percent (in words)
permanent locomotor disability / dwarfism/blindness in relation to his/her (part of
body) as per guidelines (..... number and date of issue of the 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/Thumb
Impression of the person
in whose favour
certificate of disability is
issued

(Signature and Seal of Authorized Signatory of notified

FORM-VI

Certificate of Disability

(In case of multiple disabilities)

[See Rule 18(1)]

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

Certificate No.: Date:

Recent Passport
Size Attested
Photograph of the
person with
disability
(Showing face
only)

1. This is to certify that we have carefully examined Shri/Smt./Kum
Son/wife/daughter of Shri Date of Birth(DD/MM/YYYY)
Age..... years, Male/Female Registration No.
Permanent Resident of House No. Ward/Village/Street
..... Post Office District State
Whose photograph is affixed above and are satisfied that:

(A) He/She is a case of Multiple Disability. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of the guidelines to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Mental Disability (in %)
1	Locomotor Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows:

In figures: percent , In words: percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

i) not necessary, Or

ii) is recommended/after year months, and therefore this certificate shall be valid till (DD/MM/YYYY)

@ 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

5. Signature and seal of the Medical Authority

Name and seal of Member Name and seal of Member Name and seal of the Chairperson

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

FORM-VII**Certificate of Disability**

(In cases other than those mentioned in Forms V
and VI) [See Rule 18(1)]

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

Recent Passport
Size Attested
Photograph of
the person with
disability
(Showing face
only)

Certificate No.: Date:

1. This is to certify that I have carefully examined Shri / Smt. /Kum

..... son / wife / daughter of

Shri Date of Birth.....(DD/MM/YYYY)

Age Years, Male/Female..... Registration No.

..... Permanent Resident of House No. Ward/Village/Street.....

Post Office District.....State....., whose photograph is affixed

Above and I am satisfied that He/She is a case of _____ Disability. His/her extent of percentage

Physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of

the guidelines to be specified) for the disabilities ticked below and shown against the relevant disability in the

table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Mental Disability (in %)
1	Locomotors Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low Vision	#		
7	Deaf	£		
8	Hard of Hearing	£		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple Sclerosis			
16	Parkinson's Disease			
17	Hemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: percent, In words..... percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

i) not necessary, Or

ii) is recommended/after.....year..... months, and therefore this certificate shall be valid till..... (DD/MM/YYYY)

@ 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

Countersigned [(Countersignature and seal of the CMO / Medical Superintendent / Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (withseal))		(Authorised Signatory of notified Medical Authority) (Name and 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 of the District. The principal rules were published in the Gazette of India vide notification number S.O.908(E), dated the 31st December,1996.