

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 of Shri _____

Date of Birth _____ **Age** _____ **years, male/Female** _____
(DD/MM/YY)

Registration No. _____ **permanent resident of Home No.** _____

Ward/Village/Street _____ **Post Office** _____ **District** _____

State _____.

Whose photograph is affixed above, and am satisfied that :

he/she is a case of:

locomotor disability

blindness

(Please tick as applicable)

the diagnosis in his/her case _____

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).

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

Nature of Document

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

Signature and Seal of Authorised Signatory of notified
Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.
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DISABILITY CERTIFICATE
(IN CASE OF Multiple disabilities)

(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 _____ **Age** _____ **years, male/Female** _____
(DD/MM/YY)

Registration No. _____ permanent resident of Home No. _____
Ward/Village/Street _____ Post Office _____ District _____
State _____ Whose photograph is affixed above, and am satisfied that :

He/She is a Case of **Multiple Disabilities**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.N o.	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	&		
6.	Mental-illness	X		

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

In figure _____ 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 _____ years _____ months, 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

5. **Signature and seal of the Medical Authority**

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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.**

DISABILITY CERTIFICATE
(IN CASE Other than those mentioned in Forms II and III)

(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 of Shri _____
Date of Birth _____ Age _____ years, male/Female _____
(DD/MM/YY)

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.N o.	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	&		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

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

Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after _____ years _____ months, 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

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

(Authorised Signatory of notified Medical Authority
(Name and Seal)

(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)

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.”

Note: The Principal rules were published in the Gazette of India vide notification number SO 908(E) dated 31st December 1996.

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.”