

**Form V  
Certificate of Disability**

(In case of amputation or complete permanent paralysis of limbs or dwarfism and in case blindness)

See rule 18 (1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photograph (Showing face only) of the person with disability.
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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 :

(A) he / she is a case of

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his / her case is \_\_\_\_\_

(A) 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 and Seal of Authorised Signature  
Notified Medical Authority)

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