

**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.

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.

Form VI
Certificate of Disability
(in case of multiple disabilities)
Name and Address of the Medical Authority issuing the Certificate)

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.

Certificate No. :

Date :

This is to certify that we 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 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 is shown against the relevant disability in the table below :

Sr. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment / mental disability (in %)
01.	Locomotor disability	@		
02.	Muscular Dystrophy			
03.	Leprosy cured			
04.	Dwarfism			
05.	Cerebral Palsy			
06.	Acid attack Victim			
07.	Low vision	#		
08.	Blineness	#		
09.	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.	Haemophilia			

20.	Thalasemia			
21.	Sickle Cell disease			

(B) In the light of the above, his / her over all permanent physical impairment as per guidelines (----- number and date of issue of the guidelines to be specified), is as follow :-

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 ----- years ----- month, and
therefore this certificate shall be valid till --- ----- (DD) (MM) (YY)

@ - e.g. Left / right/ both arms / legs

- e.g. Single eye

£ - 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 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 certificate of disability is issued.

Form VII
Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

Name and Address of the Medical Authority issuing the Certificate)

See rule 18 [(1)]

Recent passport 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 (----- number and date of issue of the guidelines to be specified) and is shown against st6he relevant disability the table below : -

Sr. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment / mental disability (in %)
01.	Locomotor disability	@		
02.	Muscular Dystrophy			
03.	Leprosy cured			
04.	Cerebral Palsy			
05.	Acid attack Victim			
06.	Low vision	#		
07.	Deaf			
08.	Hard of Hearing	£		
09.	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.	Haemophilia			
18.	Thalasemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable).

2. The above condition is progressive / non-progressive / like to improve / not likely to improve.

3. Reassessment of disability :

(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

- eg. Single eye / both eyes

£ - e.g. Left / Right / both years

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
Chief Medical Officer / Medical Superintendent /
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
Not a Government servant (with seal)

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

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