

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.