

Form – II

Disability Certificate

(In cases 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
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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 _____ 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 :

(A) he/she is a case of :

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) 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).

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 Signatory
of notified Medical Authority)**

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

Form – III

Disability Certificate
(In cases of multiple disabilities)
(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 we 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 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 (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	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his/her over all 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 _____ 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.

Form – IV

Disability Certificate
(In cases of other than those mentioned in Forms II and III)
(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
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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 _____ 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 permanent physical
impairment/disability has been evaluated as per guidelines (to be specified) and is
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	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

2. The above 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

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

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 (with 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.”

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