

FROM-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)

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

(1) 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/Thumb Impression of the person in whose favour disability certificate is issued

(Signature and Seal of Authorized Signatory of notified Medical Authority)

Recent PP Size Attested Photograph (Showing face only) of the person with disability

FORM-III

Disability Certificate

(In case of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See Rule 4)

Certificate No.

Date:.....

This is to certify that we have carefully examined

Shri/Smt./Kum.....son/wife/da

ughter of Shri.....

Date of Birth..... Age..... years, Male/Female.....

(DD/MM/YY)

Registration No..... Permanent Resident of House No.....

Ward/Village/Street.....

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		

Recent PP Size Attested Photograph (Showing face only) of the person with disability

(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/afteryearmonths, 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

Annexure - VI (C)

FORM - IV

Disability Certificate

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See Rule 4)

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

..... Disability. His/her extent of percentage physical

impairment/disability has been evaluated as per guidelines (to be specified) and

is shown against the relevant disability in the table below:

Recent PP Size Attested Photograph (Showing face only) of the person with disability

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 S.O. 908(E), dated the 31st December, 1996.