

**FORM-V**

**Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of 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/YYYY) 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 .....

(1) 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 Authorized Signatory of Notified Medical Authority)

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