

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

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 case of multiple disabilities)

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

(See rule 4)

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 Member
Chairperson

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

Recent PP 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 _____ 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 percentage 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.
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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.