Form-V

Certificate of Disability

(In case 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/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 :

- Locomotor disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is_____

(A) he/she has _____ % (in figure) _____percent (words) permanent locomotor disability / dwarfism / blindness in relation to his / her _____ (part of body) as per guidelines (……number and date of issue of 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

Form-VI

Certificate of Disability

(In case of Multiple Disabilities)

[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 percentage physical impairment/disability has been evaluated as per guidelines (……number and date of issue of guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl.No	Disability	Affected part of the body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low vision	#		
8	Blindness	#		
9	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	Thalassemia			

21	Sickle Cell disease			

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (…….number and date of issue of 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) ____ ____ ____

@ - eg. Left/Right/both arms/legs

- eg. Single eye

$ - eg. 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:

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

Form-VII

Certificate of Disability

(In case other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

[See rule 18(1)]

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/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 he/she is a case of_____ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (……number and date of issue of guidelines to be specified) and is shown against the relevant disability in the table below:

Sl.No	Disability	Affected part of the body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid Attack Victim			
6	Low vision	#		
7	Deaf	$		
8	Hard of Hearing	$		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological conditions			
15	Multiple sclerosis			
16	Parkinson’s disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(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) ____ ____ ____
@ - eg. Left/Right/both arms/legs
# - eg. Single eye / both eyes
$ - eg. 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

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

Countersigned
{Countersigned and seal of the Chief Medical Officer / 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 certificate of disability 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