

Form-II

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 (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
- 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 (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 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.

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