

Form-II
 Disability Certificate
 (In cases of amputation or complete permanent paralysis of limbs
 and in cases of blindness)
 (Sec 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..... Ageyears,
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

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.
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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.....

(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.