#### 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 Attested Photograph (Showing face only) of the person with disability

Date: Certificate No. to certify that I have carefully examined This Shri/Smt./Kum.\_\_\_\_ son/wife/daughter of Shri Date of Birth \_\_\_\_\_\_ Age \_\_\_\_\_years, male/female\_\_\_\_ (DD / MM / YY) permanent resident of House Registration No.\_\_\_\_\_ No.\_\_\_\_\_Ward/Village/ Street 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.....

	%(in figure)	
(in words)	permanent physical impairment/blindness in relation to	o 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 .
		ess s
* * * * * * * * * * * * * * * * * * *		

(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.		Dat	te:	
This is to cert	A ECIS	we have	carefully	examined /son/wife/
daughter of Shri	4 4 5			-
Date of Birth	Age	_years, male/female_		er garret
(DD) (MM) (YY		permanent	resident	of House
No	Ward/Village/St	reet		
Post Office		District	State	
whose photograph is affixed	ed 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	, a <b>£</b>		•
5	Mental retardation	X		u «
6	Mental-iliness	X		

+		The same of the sa					7.0		
17	.000	*	,				2		300
(B) .	In the light of	the above,	his /her o	ver all p	ermane	ent physica	al impair	ment	as per
guideli	nes(to be spec	cified), is as t	follows:-	R M		·		(85 a	3 1441
In figu	res:		_percent	• 4			*		U N
	ds:	F					171	per	cent
'		** *** ***			4	*	el (*		
2.	This condition	n is progres	sive/ non	-progres	sive/. li	kely to in	nprove/	not li	kely to
improv	/e.		ij		Ž .		14 14 E	e e	×
3.	Reassessmen	t of disability	is :		8		•		**
(i)	not necessary	/ <b>,</b>				at "			¥ 9
	* _h _pm n	₹ 8	÷ 8	* * *		12v		* 4	ģ w
	Or		i .		PS	months,	and the	refore	- this
(11)	is recommend certificate sha			ars	2		, and the	3,01010	- (1115
	ceranicale sin	e e e e e e e e e e e e e e e e e e e		(DD)	W	(MM)	e a	(YY	)

- e.g. Left/Right/both arms/legs @
- e.g. Single eye/both eyes #
- e.g. Left/Right/both ears £
- The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
		E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of s		

Signature and seal of the Medical Authority.

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<b>1</b>	28		1 -	. 8	2 27	
2 0	31 ± 1 5 343		i ii		2	
	Lef Mon	ober Na	ne and s	seal of l	Menroer	Name and seal of the

Name and seal of Member

Name and seal of Member

Chairperson

Signature/ Thumb impression of the person in whose disability favour certificate 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.	120					Date:	9	(4)
а.	s	(e 18 - S	9.6			)(i	*	¥
This is	to	certify	that	, I	have	caref	ully	examined
Shri/Smt./Kum.	11	*,,						son/
v/fe/daughter o	of Shri	* **		· ·		-		
Date of Birth		A	ge	_years,	male/fem	ale		· · · · · ·
σĵ	D) (MM)	(YY)	222 E	٠	20		.// is	. 10 er
Registration	No			permane	ent' r	resident	of	House
No	ì	Ward	/Village/	St	reet		_,	Post
Office	191							
whose photog	raph is	affixed	above, a	nd an	n satisfie	d that	he/she	is a case
of			disability	/. His/t	ner exte	nt of p	ercentag	je physical
impairment/dis	ability h	as been	evaluate	d as pe	r guidelir	nes (to b	e specif	ied) and is
shown against	the rele	vant disa	bility in th	e table t	oelow:-	e a		

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
î	Locomotor disability	0		
2	Low vision	#		
3	Blindness	Both Eyes	-	<del>                                     </del>
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	month	s,	and therefore	this
certificate shall be valid till_		(2) o	1024		*
<sup>N</sup> x a	(DD)	(MM)	Ţ,	(YY)	31 g

- @ 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
2	II.	
(g):		
		E 10 0 0 0

(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 31<sup>st</sup> December, 1996.