FORM-I

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)
(Prescribed proforma subject to amendment from time to time)

(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. : This is to certify	that I have co	rafully avamine	d	Date:		
	•		Ť		er of Shri		Date of
	Birth		1			YY)	
	Age V	•					_ permanent resident
	of House			nge/Street			
			District	State	, who	ose photograph	is affixed above, and
	am satisfied tha						
/ A N	ha/sha is a sage of a						
(A)	he/she is a case of:						
	locomotor disabDwarfism	omty					
	Blindness						
/DI.		(a)					
`	ase tick as applicabl						
(B)	The diagnosis in his/her case is						
(A)	He/She hasdisability/ dwarfish and date of issue of	% m /blindness in f the guideline	(in figure) n relation to his/ s to be specified)	her (pa	rt of body) 2	ns per guideline	s (number
2.		e applicant has submitted the following documents as proof of residence:-					
		of Document	Date of Issue			ority issuing ce	rtificate
			(Signa	ture and Seal of A	uthorised Sig	gnatory of notif	ied Medical Authority)
	Ciana Access /TDIs						
	Signature/Thum impression of t						
	person in who						
	favour disabil					(4	

certificate

issued.

is

FORM - II

Certificate of Disability

(In case of multiple disabilities)

(Prescribed proforma subject to amendment from time to time)

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

Recent PP size Attested Photograph (Showing face only) of the person with disability

(DD years, male/fema No at: ase of Multiple	le	son/wife/daughMMregistration No. age/StreetState /her extent of p mber and date	, who	ical impairment/disal	anent residen Post Office xed above, an bility has bee
(DD years, male/fema No aat: ase of Multiple per guidelines ((le	son/wife/daughMMregistration No. age/StreetState /her extent of p mber and date	, who	YY) perm see photograph is affinition of the second control of t	nanent residen Post Offic xed above, and
(DD years, male/fema No at: ase of Multiple per guidelines ((Ward/Villa District Disability. His.	MM _registration No. age/Street State /her extent of p mber and date	, who	YY) perm see photograph is affinition of the second control of t	nanent residen Post Offic xed above, and
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Noat: ase of Multiple per guidelines ((Ward/Villa District Disability. His.	age/Street State her extent of p	, who ermanent physiof issue of the	se photograph is affinitions of the second s	Post Offic xed above, and bility has bee
Noat: ase of Multiple per guidelines ((Ward/Villa District Disability. His.	age/Street State her extent of p	, who ermanent physiof issue of the	se photograph is affinitions of the second s	Post Offic xed above, and bility has bee
at : ase of Multiple per guidelines ((District Disability. His.	State /her extent of p mber and date	who ermanent physi of issue of the	se photograph is affinical impairment/disal guidelines to be spe	bility has bee
at : ase of Multiple per guidelines ((Disability. His	/her extent of p mber and date	ermanent phys	ical impairment/disal guidelines to be spo	bility has bee
per guidelines ((nuı	mber and date	of issue of the	guidelines to be spe	bility has been
Disability	Affected	Diagnosis	Permanent		7
Disability	Part of Body	Diagnosis		t/mental disability (in	
	(a)				
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Victim					
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Disability					
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isease					
	ne guidelines to be	strophy ed lsy Victim # # £ ring £ Language Disability rning Disability rring Disability ctrum disorder ss urological erosis disease a lisease e above, his/her over all permane guidelines to be specified), is a	strophy ed sy Victim # # £ ring £ Language Disability rning Disability rring disorder ss irological erosis disease a lisease e above, his/her over all permanent physical impeguidelines to be specified), is as follows:-	strophy ed sy Victim # # fing £ Language Disability rning Disability rring Disability rring Language bisease a lisease a lisease a a li	Asy Victim # # # # Language Disability rning Disability rning Disability rring disorder ss Irrological erosis disease a disease a e above, his/her over all permanent physical impairment as per guidelines (

II (DD / MN					
ll (DD / MM					
!I (DD / MN					
II (DD / MN					
Signature and Seal of the Medical Authority					

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

FORM - III

Certificate of Disability

(In cases other than those mentioned in Form I and II)

(Prescribed proforma subject to amendment from time to time)

(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
Age years, male/female			
of House No	Ward/Village/Street		
Post Office	District	State	whose photograph is
affixed above, and am satisfied that h	e/she is a Case of		disability. His/her extent of
percentage physical impairment/disal	oility has been evaluated as	s per guidelines (number and date of
issue of the guidelines to be specified)	and is shown against the re	levant disability in	the table below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	(a)		
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			1.
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,

(ii) is recommended / after years	months, and therefore this certificate shall be valid till (DD / MM
@ - 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 documents as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
ľ		

(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.