Appendix I

Disability Certificate

(In case of Single Disability) [See rule 18(1))

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

Recent passport size photograph (Showing face only) of the person with disability

Certificate/UDID No.: Date of Issue:

This is to ce1tify that I/we have carefully examined (Name of the applicant), Son/Daughter/Care of (Name of father/mother/guardian), Date of Birth (DD/MM/YYYY), Gender (Male/Female/Transgender), Registration No. (UDID Enrolment No.) Resident of (Address of PwD) whose photograph is affixed above, and I am/we are satisfied that :

(i) He/She is a case of (Any one of the following disabilities) :

i. Locomotor Disability
ii. Muscular Dystrophy
iii. Leprosy Cured
iv. Dwarfism
v. Cerebral Palsy
vi. Acid Attack Victime
vii. Low Vision
viii. Blindness
ix. Hearing Impairment
x. Speech and Language Disability
xi. Intellectual Disability
xii. Specific Learning Disabilities
xiii. Autism Spectrum Disorder
xiv. Mental Illness
xv. Chronic Neurological conditions
xvi. Multiple Sclerosis
xvii. Muscular Dystrophy
xviii. Parkinson's Disease
xix. Haemophilia
xx. Thalassemia
xxi. Sickle Cell Disease

(B) Name of affected body part :

(C) The diagnosis in his/her ase is _____

(D) He/She has _____%(in figure) _____ percent (in words)

disability and the nature of certificate is (Permanent/temporary and valid till (DD/MM/YYYY) as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide (Notification No.) dated (DD/MM/YYYY).

Signature/Thumb impression of the person with disability :

Signature of notified Medical Authority Member (s) :

Signature

Name and Address of the Medical Authority Issuing the Certificate

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of respective State or Union Territory

Appendix II

Disability Certificate

(In case of Multiple Disabilities) [See rule 18(1))

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

Recent passport size photograph (Showing face only) of the person with disability

Certificate/UDID No.: Date of Issue:

This is to certify that I/we have carefully examined (Name of the applicant), Son/Daughter/Care of (Name of father/mother/guardian), Date of Birth (DD/MM/YYYY), Gender (Male/Female/Transgender), Registration No. (UDID Enrolment No.) Resident of (Address of PwD) whose photograph is affixed above, and I am/we are satisfied that :

(ii) He/She is a case of Multiple Disabilities. His/her extent of physical impairments/disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vid (Notificate No.) dated (DD/MM/YYYY) for the disabilities below:

Sr.No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1	Locomotor Disability			
2	Muscular Dystrophy			
3	Leprosy Cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low Vision			
8	Blindness			
9	Hearing Impairment			
10	Speech and Language Disability			

11	Intellectual Disability			
12	Specific Learning Disabilities			
13	Autism Spectrum Disorder			
14	Mental Illness			
15	Chronic Neurological conditions			
16	Multiple Sclerosis			
17	Parkinson's Disease			
18	Haemophilia			
19	Thalassemia			
20.	Sickle Cell Disease			

(note : Only the disabilities diagnosed will be listed)

(B) He/She has _____%(in figure) _____ percent (in words) overall disability and the nature of certificate is (Permanent/temporary and valid till (DD/MM/YYYY).

Signature/Thumb impression of the person with disability :

Signature of notified Medical Authority Member (s) :

Signature

Name and Address of the Medical Authority Issuing the Certificate