

**FROM-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)**

Certificate No. .... Date: .....  
 This is to certify that I have carefully examined Shri/Smt./Kum. ....  
 son/wife/daughter of Shri. .... Age ..... Years, Male/Female .....  
 Date of Birth ..... (DD/MM/YY)

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

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 .....
- (1) 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/Thumb  
Impression of the  
person in whose  
favour disability  
certificate is  
issued

(Signature and Seal of Authorized  
Signatory of notified Medical Authority)

**FORM-III  
Disability Certificate  
(In case of multiple disabilities)  
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)  
(See Rule 4)**

Certificate No. .... Date: .....  
 This is to certify that we have carefully examined  
 Shri/Smt./Kum. ...., son/wife/da  
 ughter of Shri. ....  
 Date of Birth ..... Age ..... years, Male/Female .....  
 (DD/MM/YY)

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

Registration No. .... Permanent Resident of House No. ....  
 Ward/Village/Street .....

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 .....year .....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

**Annexure - VI (C)**

**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)**

Certificate No. : ..... Date:.....  
 This is to certify that I have carefully examined Shri/Smt./Kum .....  
 son/wife/daughter of Shri .....  
 Date of Birth ..... Age ..... years, 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 am satisfied that he/she is a case  
 ..... 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:

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

| 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 |
|--------------------|---------------|--|
|                    |               |  |