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

Certificate No.	D	ate:	
	I have	carefully	examined
Shri/Smt./Kumson/wife/daughter of Shri			
Date of Birth Age (DD / MM / YY)	_years, male/female		
Registration No	permanent	resident	of House
NoWard/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) 			81 - V - V
(B) the diagnosis in his/her case is			

(A) He/ She has	s%(in figure) percent
(in words)	permanent physical impairment/blindness in relation to his/her
(part of bod	y) 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.		Dat	e:	
			carefully	examined
This is to certify	that we	have	Carefully	/son/wife/
Shri/Smt./Kum	the state of the s			J 3011/1411.07
daughter of Shri Date of Birth	Ageyears,	male/female_		
(DD) (MM) (YY) Registration No		permanent	resident	of House
	rd/Village/Street		The state of the Arriva	
Post Officewhose photograph is affixed a		strictsfied that:	_State	

(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	×		
6	Mental-illness	X		

					•
In the light of the a	hove his /	her over all	permanent	physical im	npairment as per
			,	,	
					_percent
:Olus					· · · · · · · · · · · · · · · · · · ·
This condition is p	rogressive/	non-progre	essive/ likely	y to impro	ve/ not likely to
rove.	••	d .			
Reassessment of d	isability is:			•	•
(i) not necessary,			÷		
Or		•			· .
(ii) is recommended/ a	fter	years	n	nonths, and	d therefore this
		+		<u></u>	<u>-</u>
Cel alleate Silan De					 -
	elines(to be specified) gures:- vords:- This condition is prove. Reassessment of di (i) not necessary, Or (ii) is recommended/a	elines(to be specified), is as following gures:per per per per per per per per per per	elines(to be specified), is as follows:- gures:percent vords: This condition is progressive/ non-progre rove. Reassessment of disability is: (i) not necessary,	elines(to be specified), is as follows:- gures:percent vords: This condition is progressive/ non-progressive/ likely rove. Reassessment of disability is: (i) not necessary, Or (ii) is recommended/ afteryears	gures:

- 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
		•

Signature and seal of the Medical Authority.

1	N	ame and se	al of Member	Name and seal of the
<u></u>				
				·

Name and seal of Member

Name and seal of Memper

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

Certifica	te No.			·			Date:			
This	is	to	certify	that	Į	have	caref	ully	examine	ed
Shri/Sm	t./Kum.		·					77 4	sor	n/
v įfe/dai	ughter (of Shri	·	<u> </u>		<u> </u>		1		
Date of	Birth		Age	e	years,	male/fem	nale		* 198	1
	(D	D) (MM)	(YY)			·				
Registra	ation	No	·	pe	ermane	nt	resident	of	Hou	ıse
•	,		Ward/\							
Office_		· · · · · · · · · · · · · · · · · · ·			Dis	trict	Stat	te	· · · · · · · · · · · · · · · · · · ·	
whose	photog	graph is	affixed a	bove, an	d an	n satisfie	ed that	he/she	is a c	ase
of			<u>-</u>	disability.	His/t	ner exte	nt of p	ercentaç	je phys	ical
impairr	ment/di	sability l	nas been e	evaluated	as pe	r guideli	nes (to b	e specif	fied) and	l is
chown	against	the rele	vant disabi	lity in the	table b	elow:-				

2.	The	above	condition	n is progre	ssive/ non- _i	progressive	e/ likely to	improve/	not likely	r
to imp			,							

~	· -	
3.	Reassessment	of disability is
		VI WIJUUIIILY IS

(i)	not	necessary,
W	TOL	Harassal A

Or

(II) is recommended/ after	years	month	s, 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.