FORM-I
Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs 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 PP 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 _____ Date of

Birth (DD / MM / YY) ____ ____ ____ Age _____ years, male/female 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 _____

(A) 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)

The applicant has submitted the following documents as proof of residence :-

2. 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 - II
Disability Certificate
(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

Certificate No. : **Date :**

This is to certify that we have carefully examined

Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of

Birth (DD / MM / YY) ____ ____ ____ Age _____ years, male/female _____ Registration

No. _____ permanent resident of House No._____

Ward/Village/Street _____ Post Office

_____District _____ State _____, 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:

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 _____ 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 documents 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 Chairperson**

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

FORM - III
Disability Certificate
(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 PP 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 _____ Date of Birth

(DD / MM / YY) ____ ____ ____

Age _____ years, male/female _____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 of

_____ disability. His/her extent of percentage physical impairment /

disability has been evaluated as per guidelines (to be specified) and is shown against the relevant

the relevant disability in the table below :

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 documents 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.