## Form-V Certificate of Disability

Recent

passport

(In cases of amputation or complete permanent paralysis of limbs or dwarfismand in case of blindness)

[See rule 18(1)]

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

			attested photograph (Showing face only) of the person with disability.
Certifi	cate No.		Date:
Shri/S	mt./Kum Date of	Birth (DD/MM/YY) registration No	have carefully examined son/wife/daughter of Shri Age years, permanent resident of Post Office
	District , and am satisfied that:	State	, whose photograph is affixed
	(A) he/she is a case of:  □ locomotor disability □ dwarfism □ blindness (Please tick as applicable)	·	
	issue of the guidelines to be	% (in figure) disability/dwarfism/blind of body) as per guideli e specified).	percent (in words) Iness in relation to his/her nes (number and date of
2.	The applicant has submitted	d the following document	as proof of residence: -
	Nature of Document	of Issue	ls of authority issuing certificate

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

size

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

## Form - VI Certificate of Disability

(In cases of multiple disabilities)
[See rule 18(1)]

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

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

Certific	ate No.				Date:
This is	s to certify that of Birth (DD/MM/YY)_ ation No.	we have c	arefully /wife/daughter	examined of Shri	Shri/Smt./Kum
Date o	of Birth (DD/MM/YY)		Age	vears male/	female
Registra	ation No.		permanent	resident of	House No.
	ation No. Ward/Village State	/Street	Pomanon	et Office	nouse No.
	State	whose	e photograph is	effive diabove a	DISTRICT
		,	o priotograpii is i	annixe d above, a	id am saustied that:
(A) he/s	she is a case of ent/disability has beer	Multiple D	isability. His/he	er extent of	permanent physical
///pai///	number and date	evaluated as	per guidelines		
holow s	number and date	of issue of the	e guidelines to b	e specified) for	the disabilities ticked
Delow, a	and is shown against th	ne relevant dis	sability in the tab	le below:	
C No	Disability	1 4 65			
3. 140	Disability	Affected	Diagnosis	Permanent phy	/sical
		part of		impairment/mer	ntal
		body		disability (in %)	
1.	Locomotor	@			
	disability				
2.	Muscular				
	Dystrophy				
3.	Leprosy cured				
4.					
5.	Cerebral Palsy				
6.					
7.	Low vision	#			
8.	Blindness	#			
9.	Deaf	£			
10.	Hard of Hearing	£			
11.	Speech and	~			
	Language disability				
12.	Intellectual				

	Disability	
13.	Specific Learning	
	Disability	
14.	Autism Spectrum	
	Disorder	
15.	Mental illness	
16.	Chronic	
	Neurological	
	Conditions	
17.	Multiple sclerosis	
18.	Parkinson's disease	
19.	Haemophilia	
20.	Thalassemia	
21.	Sickle Cell disease	

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:

n figures : percent n 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 £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.

S.g. control		
Name and Seal of	Name and Seal of	Name and Seal of the
Member	Member	Chairperson

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

## Form - VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate) (See rule 18(1))

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

Certificate No.							Date	:
This	is to	certify	that	1	ha			examined Shri/Smt/Kum _ son/wife/daughter of Shri
							ate of Rirth	
Age	yea	ars, male/f	emale				Registration	on Noge/Street
permar	nent resident	of House	No.				Ward/Villa	ge/Street
Post	Office					Distri	ct	State
		, wh	ose p	hoto	ara	nh i	s affixed a	shove and am catisfied that
he/she	is a case of	of			Ü			disability. His/her extent of valuated as per guidelines
percent	age physic	al impairi	ment/c	disab	ility	has	s been e	valuated as per quidelines
(	diliber and	uale of iss	sue or	the o	guic	deline	es to be sp	ecified) and is shown against
the rele	vant disabilit	ty in the tal	ble be	low:				and to shown against
S. No	Disability		Affe	cted		Diag	gnosis	Permanent physical
			part		of	,		impairment/mental
			body	У				disability (in %)
1.		•		<u>a</u>				( 70)
	disability							
-	<del>                                     </del>							
2.	- I I I I I I I I I I I I I I I I I I I							
<u> </u>	Dystrophy				$\Box$			
3.								
4.								
5.	Acid attack	Victim	-		_			
6.	Low vision			#	_			
7.	Deaf		( €	61	_			
8.	Hard of Hea		€		_			
9.	Speech	and						
10	Language of Intellectual	isability			$\dashv$			
10.	Disability							
11.		Loomina			+			
11.	Specific Disability	Learning						
12.	Autism	Spectrum			+			
12.	Disorder	Spectrum						
13.	Mental illnes	38			+	-		
14.	Chronic	-			+			
100 8.5	Neurologica						1	

	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)

<ol><li>The above condition is p improve.</li></ol>	rogressive/non-progressive/li	ikely to improve /not likely to
@- eg. Left/Right/both arms # - eg. Single eye/both eyes - eg. Left/Right/both ears	valid till (DD/MM/YY)s/legs	
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
Chief Medical Officer/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 certificate of disability 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

