

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
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**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 :

(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).

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 cases of multiple disabilities)**  
**(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
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**Certificate No.**

**Date:**

This is to certify that we 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 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 \_\_\_\_\_ 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

5. Signature and seal of the Medical Authority.

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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.

Form – IV

**Disability Certificate**  
**(In cases of other than those mentioned in Forms II and III)**  
**(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
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**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 of  
\_\_\_\_\_ disability. His/Her extent of permanent physical  
impairment/disability has been evaluated as per guidelines (to be specified) and is  
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		

(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

**(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 SO.908 (E), dated the 31<sup>st</sup> December, 1996.