

**FORM-I**

**Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism 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 passport  
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
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is \_\_\_\_\_

(A) He/She has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words)  
permanent locomotor disability/ dwarfism /blindness in relation to his/her \_\_\_\_\_ (part of  
body) as per guidelines (.....number and date of issue of the guidelines to be specified)

2. The applicant has submitted the following documents 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 - II**  
**Certificate of Disability**  
**(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 am 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 (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below :**

<b>Sr. No.</b>	<b>Disability</b>	<b>Affected Part of Body</b>	<b>Diagnosis</b>	<b>Permanent physical impairment/mental disability (in %)</b>
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
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 :-

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

£ - 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**  
**Certificate of Disability**  
(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 passport  
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 (.....number and date of

issue of the guidelines to be specified) and is shown against the relevant disability in the table

below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid Attack Victim			
6	Low vision	#		
7	Deaf	£		
8	Hard of Hearing	£		
9	Speech and Language Disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum disorder			
13	Mental-illness			
14	Chronic Neurological 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.)

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.