

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)

Certificate No. _____

Date : _____

This is to certify that I have carefully examined

Son / 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 _____ 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		

(Please strike out the disabilities which are not applicable)

2. This condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Re assessment of disability is :

(i) not necessary, (or)

(i) 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 S.O. 908 (E), dated the 31st December, 1996.

FORM - II

DISABILITY CERTIFICATE

(In cases of amputation or complete permanent paralysis of limbs and in cases of visual impairment)

(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. _____

Date: _____

This is to certify that I have carefully examined

Son / 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 whose photograph is affixed above, and am satisfied that :

(A) He / she is a case of:

*Locomotor disability

*Visual impairment

(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