

Form – I

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY
PERSONS WITH DISABILITIES

(see rule 3)

1. Name _____
(Surname) (first Name) (Middle name)
2. Father's Name _____ Mother's Name _____
3. Date of Birth ___/___/___
DD/MM/YY
4. Age at the time of application _____ years
5. Sex: Male/female
6.
 - (a) Permanent Address _____

 - (b) Current Address (i.e. for communication)

 - (c) Period since when residing at Current
Address _____
7. Education Status (Pl. tick as applicable)
 - i. Post Graduate/Graduate/Diploma
 - ii. Higher Secondary/High School/Middle
 - iii. Primary/ Illiterate
8. Occupation _____
9. Identification marks (i) _____ (ii) _____
10. Nature of Disability: Visual/Hearing/Locomotor/Mental/others
11. Period since when disabled: From Birth/Since year _____
12. (i) Did you ever apply for issue of a disability certificate in the past? ___
YES/NO
(ii) if yes, details.
 - (a) Authority to whom and district in which applied _____
 - (b) Result of Application _____

13. Have you ever been issued a disability certificate in the past? if yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief and no material information has been concealed or misled. I further, state that if any inaccuracy is detected in the application. I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability or of his/her legal guardian in case of persons with mental retardation, autism, cerebral, palsy and multiple disabilities)

Date: ___ / ___ / ___

Place: _____

Encl.

1. Proof of residence (Please enclose copy of on of the following documents)
 - a) Ration Card
 - b) Voter Identity Card,
 - c) Driving License
 - d) Bank Passbook
 - e) PAN Card
 - f) Passport
 - g) Telephone, Electricity, water and any other utility bill indicating the address of Applicant
 - h) A certificate of Residence issued by a Panchayat, Municipality, Cantonment Board, any Gazetted Officer or the concerned Patwari or Head Master of a Govt. School
 - i) In case of any inmate of a residential institution for persons with disabilities, destitute, mentally ill etc. a certificate of residence from the head of such institution.
2. Two recent passport size photographs

(For office use only)

Date:
Place:

Signature of issuing Authority
Stamp

Form – II

DISABILITY CERTIFICATE (OBVIOUS DISABILITY)

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)
(SEE RULE 4)

(NAME OF THE HEALTH INSTITUTION)

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

Sh./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

. Locomotors Disability

. Blindness

(Please tick as applicable)

B. The diagnosis in his / her case is _____

C. He/ She has _____% (in figure) _____
Percent (in words) permanent physical impairment / blindness in relation to his/
her _____ (part of body) as per guidelines notified by Ministry of Social
Justice and Empowerment No. 16-18/97-N.I.I, New Delhi dated 1st June, 2001
and amended from time to time.

2. The applicant has submitted the following document as proof of residence:-

Name of Document	Date of Issue	Details of Authority Issuing Certificate
		Name: Address:

Signature:

Seal:

Signature / Thumb
impression of the
person whose favor
disability certificate
is issued