



**Form-I**  
**Disability Certificate**

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

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

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:

1. He/She is a case of:
  - a. Locomotor Disability
  - b. Blindness

(Please tick as applicable)

2. The diagnosis in his/her case  
is \_\_\_\_\_
3. 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).
4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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