



Form II
Disability Certificate
(In cases of multiple disabilities)

(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 _____ y75 District _____ State _____

___ whose photograph is affixed above, and are satisfied that:

Recent passport sized
attest photograph
(showing face only of
the PWD)

1. He/she is a Case of Multiple Disabilities. 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		

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears



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2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified) is as follows:
In figures: _____ %
In words: _____ percent
3. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
4. Reassessment of disability is:
 - a. not necessary.
 - b. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____.
5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of Medical Authority:

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

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