



Disability Certificate

(In cases of other than those mentioned in Forms I and II)

(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 extent of percentage of physical impairments/disability has been evaluated as per guidelines (to be specified) and is 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)

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears



2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
3. Reassessment of disability is:
 - a. not necessary.
 - b. is recommended/after _____years_____months, and therefore this certificate shall be valid till (DD/MM/YY)_____.
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)}

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

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