

Form-V Certificate of Disability

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

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph

(Showing face only) of the
person with disability.

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:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) he/she has _____% (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/her _____ (part of
body) as per guidelines (..... number and date of issue of the 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
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Signature/thumb impression of the person
in whose favour certificate of disability is issued

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

Form - VI Certificate of Disability
(In cases of multiple disabilities) [See rule 18(1) Rights of Persons with Disabilities Rules, 2017]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size attested
photograph
(Showing face
only) of the
person with
disability

Certificate No.

Date:

This is to certify that we 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:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of the guidelines to be specified) for the disabilities ticked below, 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		

- 9. Deaf £
- 10. Hard of Hearing £
- 11. Speech and Language disability
- 12. Intellectual Disability
- 13. Specific Learning Disability
- 14. Autism Spectrum Disorder
- 15. Mental illness
- 16. Chronic Neurological Conditions
- 17. Multiple sclerosis
- 18. Parkinson's disease
- 19. Haemophilia
- 20. Thalassemia
- 21. Sickle Cell disease
- 22. Spine Deformity
- 23. Spine Injury

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (... number and date of issue of the guidelines to be specified), is as follows:

In figures ----- percent

In words:-percent

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

3. Reassessment of disability is :

(i) not necessary, or

(ii) 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

£ 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
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5. Signature and seal of the 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

favour certificate of disability is issued.

Form – VII Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name and Address of the Medical Authority issuing the Certificate)
(See rule 18(1) of Rights of Persons with Disabilities Rules, 2017)

Recent passport
size attested
photograph
(Showing face
only) of the
person with
disability

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
he/she is a case of _____ disability. His/her extent of
percentage physical impairment/disability has been evaluated as per guidelines (...
number and date of issue of the 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			

12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			
20.	Spine Deformity			
21.	Spine Injury			

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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

(Authorized Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the Chief Medical Officer/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 certificate of disability 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