

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory
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**Department of Empowerment of Persons with Disabilities,
Ministry of Social justice and Empowerment, Government of India**

FORM-VI

Disability Certificate

(In cases of multiple disabilities)

[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/UDID No: _____

Date: _____

1. This is to certify that we have carefully examined Shri/Smt/Kumari _____ son/ wife/ daughter of Shri _____
Date of Birth _____ (DD/MM/YYYY) Age _____ Years, Male/Female/Transgender
_____ Registration No. _____ Permanent Resident of House No.
_____ Ward/Village/Street _____ Post Office _____
District _____ State _____ whose photograph is affixed above,
and we are satisfied that:

(A) He/she is a Case of **Multiple Disabilities**. His/her extent of permanent physical impairments/Disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide _____ number dated _____ for the disabilities below:

S. No	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage (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.	Hearing Impairment			
10.	Speech and Language Disability			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental illness			
15.	Chronic Neurological Conditions			
16.	Multiple sclerosis			
17.	Parkinson's disease			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has _____% (in figure) _____percent (in words) overall disability and the nature of certificate is {Permanent/Temporary and valid till (DD/MM/YYYY)}

Signature/Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:
Name and Address of the Medical Authority Issuing the Certificate: