

**FORM-V**

Certificate of Disability

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

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

Recent PP 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/YYYY)

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 \_\_\_\_\_

(1) 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

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

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

**FORM-VI**  
Certificate of Disability  
**(In cases of multiple disabilities)**

**(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: \_\_\_\_\_

1. This is to certify that we have carefully examined Shri/Smt/Kum  
\_\_\_\_\_son/ wife/ daughter of Shri \_\_\_\_\_ Date  
of Birth\_\_\_\_\_ (DD/MM/YYYY) Age\_\_\_\_\_ Years, Male/Female \_\_\_\_\_  
Registration No. \_\_\_\_\_Permanent Resident of House No.  
\_\_\_\_\_Ward/Village/Street\_\_\_\_\_PostOffice\_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_ whose photograph is affixed above,  
and are 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 shown against  
the relevant disability in the table below:

<b>S. No</b>	<b>Disability</b>	<b>Affected part of body</b>	<b>Diagnosis</b>	<b>Permanent physical impairment/ mental disability (in %)</b>
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			

(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

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  
certificate 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)**

Recent PP Size  
Attested  
Photograph  
(Showing face  
only) of the  
Person with  
disability

Certificate No.: \_\_\_\_\_

Date: \_\_\_\_\_

1. This is to certify that I have carefully examined Shri/Smt/Kum  
\_\_\_\_\_ son/ wife/ daughter of Shri \_\_\_\_\_ Date  
of Birth \_\_\_\_\_ (DD/MM/YYYY) Age \_\_\_\_\_ Years, Male/Female \_\_\_\_\_  
Registration No. \_\_\_\_\_ Permanent Resident of House No.  
\_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ PostOffice \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_ whose photograph is affixed above,  
and are satisfied that he/she is a case of \_\_\_\_\_ Disability. His/her  
extent of percentage physical impairment/disability has been evaluated as per guidelines  
(to be specified) and is shown against the relevant disability in the table below:

<b>S. No</b>	<b>Disability</b>	<b>Affected part of body</b>	<b>Diagnosis</b>	<b>Permanent physical impairment/mental disability (in %)</b>
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			

(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)

- @ - e.g. Left/right/both arms/legs  
 # - e.g. Single eye/both eyes  
 £ - 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

(Authorised 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.

**Note:**

The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.