

Form-II

Disability Certificate

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

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**(See rule 4)**

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/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:

1. he/she is a case of:

a. locomotor disability

b. blindness

(Please tick as applicable)

2. the diagnosis in his/her case is _____

3. He/ She has _____% (in figure) _____ percent

(in words) permanent physical impairment/blindness in relation to his/her _____
(part of body) as per guidelines (to be specified).

4. 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 Authorized Signatory of notified Medical Authority)

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