

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

FORM.VII

(In cases other than those mentioned in Forms V & VI)

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

[See rule 18(1)]

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			

(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:-

Name of document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature & 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
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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.

FORM-IV

Application for Obtaining Certificate of Disability by Persons with Disabilities

[See rule 19(1)]

(1) Name: _____
(Surname) (First Name) (Middle Name)

(2) Father's Name: _____ Mother's Name: _____

(3) Date of Birth : _____ / _____ / _____
(Date) (Month) (Year)

(4) Age at the time of application : _____ years

(5) Sex: Male/Female/Transgender _____

(6) Address:-

(a) Permanent Address

(b) Current Address(i.e. for communication)

© Period since when residing at current address _____

(7) Educational Status(please tick as applicable)

- i) Post Graduate
- ii) Graduate
- iii) Diploma
- iv) Higher Secondary
- v) High School
- vi) Middle
- vii) Primary
- viii) Non-literate

(8) Occupation _____

(9) Identification marks (i) _____ (ii) _____

(10) Nature of disability :

(11) Period since when disabled: From Birth/since year _____

(12)(i) Did you ever apply for issue of a certificate of disability in the past _____ yes/no

(ii) If yes, details:

(a) Authority to whom and district in which applied _____

(b) Result of application _____

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability, or of his /her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities, etc)

Date :

Place:

Enclosures:

1. Proof of residence (Please tick as applicable).

- (a) Ration card,
- (b) Voter identity card,
- (c) Driving license,
- (d) Bank passbook,
- (e) PAN card,
- (f) Passport,
- (g) Telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (h) A certificate of residence issued by a Panchyat, municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Government school,

(i) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.

2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority
Stamp

