

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

Certificate No.:.....

Date:.....

Recent PP Size Attested Photograph
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1. This is to certify that we have carefully examined Shri/Smt./Kum

..... son/wife/daughter of Shri.....Date of

Birth..... (DD/MM/YYYY) Ageyears, Male/Female.....Registration No.

..... Permanent Resident of House No. Ward/Village/Street

.....whose photograph is affixed

above and I am satisfied that He/She is a case of

.....Disability. His/Her

extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below and 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			

(B) In the light of the above, his/her over all permanent physical impairment as per 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/afterYearmonths, and therefore this certificate shall be valid till (DD/MM/YYYY) @ 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 signature

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

(Name and Seal of the notified Medical Authority)

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. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December,