

Form – I

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY
PERSONS WITH DISABILITIES

(see rule 3)

1. Name _____
(Surname) (first Name) (Middle name)
2. Father's Name _____ Mother's Name _____
3. Date of Birth ___/___/___
DD/MM/YY
4. Age at the time of application _____ years
5. Sex: Male/female
6.
 - (a) Permanent Address _____

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

 - (c) Period since when residing at Current
Address _____
7. Education Status (Pl. tick as applicable)
 - i. Post Graduate/Graduate/Diploma
 - ii. Higher Secondary/High School/Middle
 - iii. Primary/ Illiterate
8. Occupation _____
9. Identification marks (i) _____ (ii) _____
10. Nature of Disability: Visual/Hearing/Locomotor/Mental/others
11. Period since when disabled: From Birth/Since year _____

12. (i) Did you ever apply for issue of a disability certificate 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 disability certificate 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 mislead. 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 it mental retardation, autism, cerebral, palsy and multiple disabilities)

Date: ___/___/___

Place: _____

Encl.

1. Proof of residence (Please enclose copy of on of the following documents)
- 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 Applicant
 - h) A certificate of Residence issued by a Panchayat, Municipality, Cantonment Board, any Gazetted Officer or the concerned Patwari or Head Master of a Govt. School
 - i) In case of any inmate of a residential institution for persons with disabilities, destitute, mentally ill etc. a certificate of residence from the head of such institution.
2. Two recent passport size photographs
(For office use only)

Date:

Place:

Signature of issuing Authority

Stamp

FORM – II
DISABILITY CERTIFICATE

(In cases of amputation complete permanent paralysis of limbs
and in cases of visual impairment)

(See Rule 4)

**(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

Son.Smt./Kum. _____

Son/Wife /Daughter of Shri _____

Date of Birth _____ age _____ years, Male/Female _____
(DD/MM/YY)

Registration No. _____ Permanent resident of House No. _____

ard/Village/Street _____ post office

_____ District _____ State _____

whose photograph is affixed above, and am satisfied that:

(A) He / she is a case of

*Locomotor disability

*Visual impairment

(Please tick as applicable

(B) The diagnosis in his/her case is _____

(A) 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).

(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 Authority signatory of notified Medical Authority)

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

FORM – III
DISABILITY CERTIFICATE
(In cases of multiple disabilities)
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

Son.Smt./Kum. _____

Son/Wife /Daughter of Shri _____

Date of Birth _____ age _____ years, Male/Female _____

(DD/MM/YY)

Registration No. _____ Permanent resident of House No. _____

ard/Village/Street _____ post office

_____ District _____ State _____

whose photograph is affixed above, and am 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 (to be specified) for the disabilities ticked below, and whom 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.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	X		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(B) In the light of the above, his / her over all permanent physical impairments as per guidelines (to be specified), is as follow:-

In figures:- _____ percent

In words:- _____ percent

2. This condition is progressive / non-progressive /likely to improve / not likely to improve.

3. Re assessment of disability is :

(iii) Not necessary, (or)

(iv) 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

5. Signature and Seal of Medical Authority

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Name and seal of Member

Name and seal of Member

Name and seal of chairperson

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

FORM – IV
DISABILITY CERTIFICATE
(In cases other than those mentioned in forms II and III)
**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

Son.Smt./Kum. _____

Son/Wife /Daughter of Shri _____

Date of Birth _____ age _____ years, Male/Female _____

(DD/MM/YY)

Registration No. _____ Permanent resident of House No. _____

ard/Village/Street _____ post office

_____ District _____ State _____

whose photograph is affixed above, and am satisfied that:

(A)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 whom 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.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	X		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

2. This condition is progressive / non-progressive /likely to improve / not likely to improve.

3. Re assessment 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 CMO
/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
disability certificate 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 vide notification number S.O.908(E), dated the 31st December, 1996.