

APPENDIX-V

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
 Date Month Year
4. Age at the time of application : Year
5. Sex Male / Female
6. Address :
 (a) Permanent address (b) Current address (i.e. for communication)

- (c) Period since when residing at current address
7. Educational status (Pl. tick as applicable)
 (i) Post Graduate
 (ii) Graduate
 (iii) Diploma
 (iv) Higher Secondary
 (v) High School
 (vi) Middle
 (vii) Primary
 (viii) Illiterate
8. Occupation
9. Identification mark : (i) (ii)
10. Nature of disability : Locomotor/hearing/visual/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.

Continued.....

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 mental retardation, autism, cerebral palsy and multiple disabilities)

Dated :

Place :

Encl :

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 Panchayat, municipality, cantonment board, any gazetted officer or the concerned Patwari or Head Master of a Govt. school,
 - (i) in case an 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 or complete permanent paralysis of limbs and in cases of blindness)
(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
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Certificate No. _____

Date : _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____
Son/wife/daughter of Shri _____
Date of Birth _____ Age _____ years, male/female _____
(DD/MM/YY)
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
- Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is

(C) 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/Thumb impression of the person in whose favour disability certificate is issued.

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

Form - III**DISABILITY CERTIFICATE****(In case 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
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Certificate No. _____

Date : _____

This is to certify that we have carefully examined Shri/Smt./Kum. _____

Son/wife/daughter of Shri _____

Date of Birth _____ Age _____ years, male/female _____
(DD/MM/YY)Registration No. _____ permanent resident of House No. _____ Ward/Village/Street
_____ Post Office _____ 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 (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.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

(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

Continued

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**

Single eye/both eyes

\$ **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.

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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 disability certificate is issued.

Form - IV**DISABILITY CERTIFICATE****(In cases other than those mentioned in Forms II & 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
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Certificate No. _____

Date : _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____

Son/wife/daughter of Shri _____

Date of Birth _____ Age _____ years, male/female _____

(DD/MM/YY)

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 (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.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

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

Continued.....

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

Single eye/both eyes

\$ 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 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.
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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.”

Note : The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated 31st December, 1996.