

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