

**FORM - I**  
**APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY**  
**PERSONS WITH DISABILITIES**  
(See Rule3)

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 .....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 ( Please tick as applicable)

(a) Post Graduate

(b) Graduate

(c) Diploma

(d) Higher Secondary

(e) High School

(f) Middle

(g) Primary

(h) Illiterate

8. Occupation :- .....

9. Identification Marks : 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 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 mis-stated . 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 his /her legal Guardian in case of persons with mental retardation,autism, cerebral palsy and multiple disabilities)

Date :-

Place :-

**Enclosed :-**

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 Headmaster of a Govt.School .

(i) In Case of 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 of photographs.

.....  
(For office use only)

Date :-

Place :-

Signature of issuing Authority  
Stamp

FORM - II

DISABILITY CERTIFICATE

(In case 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

Date:-

This is to certify that I have carefully examined

Shri/Smt/Kum .....

Son/wife/daughter of Shri .....

Date of Birth :- ..... Age:- ..... years  
(DD) (MM) (YY)

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 :-

(A) He/she is a case of :-

- Locomotor
- 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	Detail of authority issuing certificate

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

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

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

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 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 and is shown against the relevant disability in the table below :-

Sl. 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 overall permanent physical impairment as per guidelines (to be specified), is as follows:-

In figure :- ..... Percent

In words:- ..... Percent

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

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	Detail of authority issuing certificate

5. Signature and seal of the Medical Authority

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Name & Seal of Member

Name & Seal of Member

Name & Seal of Chairperson

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

FORM - IV

DISABILITY CERTIFICATE

(In case of other 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

Date:-

Certificate No.

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 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 and is shown against the relevant disability in the table below :-

Sl. No.	Disability	Affected Part of body	Diagnosis	Permanent Physical impairment disability (in%)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	£		
5.	Mental Retardation	X		
6.	Mental illness	x		

(Strike out the disabilities which are not applicable)

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

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

e.g. Single eye/Both eyes

e.g. Left/Right/Both ears

The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of issue	Detail of authority issuing certificate

(Authorised Signatory 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 No. S.O.908(E), dated the 31<sup>st</sup> December, 1996.