

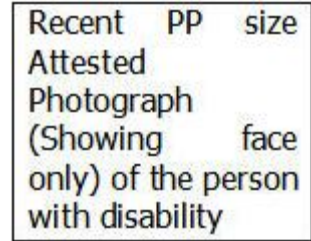
Form-II

**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)**



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

:

(A) he/she is a case of:

- locomotor disability
- blindness

(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 Authorised Signatory of notified Medical Authority)

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