

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

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 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.

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

- 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 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.

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.