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 ___/___/____
   DD/MM/YY
4. Age at the time of application ______________ years
5. Sex: Male/female
6. (a) Permanent Address (b) Current Address (i.e. for communication)
    ____________________________ ____________________________
    ____________________________ ____________________________
    ____________________________ ____________________________
    (c) Period since when residing at Current
        Address __________________________
7. Education Status (Pl. tick as applicable)
   i. Post Graduate/Graduate/Diploma
   ii. Higher Secondary/High School/Middle
   iii. Primary/ Illiterate
8. Occupation ____________________________
9. Identification marks (i) ___________ (ii) ______________
10. Nature of Disability: Visual/Hearing/Locomotor/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.  

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  
mislead. 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 it  
mental retardation, autism, cerebral, palsy and multiple  
disabilities)  

Date:_____/_____/______  
Place:___________  

Encl.  

1. Proof of residence (Please enclose copy of on of the following  
documents)  
   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 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 of any 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:_________________________  
Signature of issuing Authority  
Place:_________________________  
Stamp
FORM – II
DISABILITY CERTIFICATE
(In cases of amputation complete permanent paralysis of limbs
and in cases of visual impairment)
(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
Son.Smt./Kum.__________________________________________
Son/Wife /Daughter of Shri __________________________________

Date of Birth______________ age __________ years, Male/Female ______________________
(DD/MM/YY)

Registration No._______________________ Permanent resident of House No.______________
ard/Village/Street______________________________________________________ post office
_________________________District ____________________ State______________________
whose photograph is affixed above, and am satisfied that:

(A) He / she is a case of
*Locomotor disability
*Visual impairment

(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:-

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Signature and seal of Authority signatory of notified Medical Authority)

Signature /Thumb
impression of the
person in whose
favour disability
certificate is issued.
FORM – III
DISABILITY CERTIFICATE
(In cases of multiple disabilities)
NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING
THE CERTIFICATE
(See Rule 4)

Certificate No. Date:

This is to certify that I have carefully examined

Son.Smt./Kum. __________________________________________

Son/Wife /Daughter of Shri __________________________________________

Date of Birth ______________ age __________ years, Male/Female ______________________

(DD/MM/YY)

Registration No._______________________ Permanent resident of House No.______________

ard/Village/Street______________________________________________________ post office

________________________________ District ____________________ State____________________

whose photograph is affixed above, and am 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 whom against the relevant disability in the table below:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment / Mental Disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor Disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Low Vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Blindness</td>
<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Hearing Impairment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mental Retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Mental Illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(B) In the light of the above, his / her over all permanent physical impairments as per
guidelines (to be specified), is as follow:-
2. This condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Re assessment of disability is:

   (iii) Not necessary, (or)

   (iv) 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:

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5. Signature and Seal of Medical Authority

<table>
<thead>
<tr>
<th>Name and seal of Member</th>
<th>Name and seal of Member</th>
<th>Name and seal of chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 and III)
NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING
THE CERTIFICATE
(See Rule 4)

Certificate No.                                   Date:

This is to certify that I have carefully examined
Son./Smt./Kum. __________________________________________
Son/Wife /Daughter of Shri __________________________________________
Date of Birth __________ age _______ years, Male/Female ______________________
(DD/MM/YY)
Registration No._______________________ Permanent resident of House No.______________
ard/Village/Street______________________________________________________ post office
………………………………………………………………………………………….. District ____________________ State______________________

whose photograph is affixed above, and am satisfied that:

(A) He / she is a case of Disability. His/her extent of permanent physical impairment /
disability has been evaluated as per guidelines (to be specified) for the disabilities ticked
below, and whom against the relevant disability in the table below:

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<th>Diagnosis</th>
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<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Hearing Impairment X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mental Retardation X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Mental Illness     X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(Please strike out the disabilities which are not applicable)

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

3. Re assessment 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

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<tbody>
<tr>
<td></td>
<td></td>
<td>Authorised Signatory of notified Medical Authority</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Name and Seal)</td>
</tr>
</tbody>
</table>

   Countersigned

   (Countersignature 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 number S.O.908(E), dated the 31st December, 1996.