

APPENDIX 9

**"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: (date) _____ / (month) _____ / (year) _____

4. Age at the time of application: _____ years

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 (Pl. tick as applicable)

- I. Post Graduate
- II. Graduate
- III. Diploma
- IV. Higher Secondary
- V. High School
- VI. Middle
- VII. Primary
- VIII. 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 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 misstated. 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 with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

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 Head Master 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 photographs

(For office use only)

Date:
Place:

Signature of issuing authority
Stamp

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)

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:

(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.

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 we have carefully examined
Shri/Smt./Kum. _____/son/wife/ daughter
of Shri _____ Date of Birth (DD / MM / YY) ____
_____ Age _____ years, male/female _____ Registration No. _____
_____ Permanent _____ 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 below, and 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		

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines(to be specified), is as follows:-

In figures: - _____percent

In words:- _____percent

2. This 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

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

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)**

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) _____

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@ - 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.

Form-V

Intimation of Rejection of Application for Disability Certificate (See rule 4)

No. _____

Dated:

To,

(Name and address of applicant for Disability Certificate)

Sub.: Rejection of Application for Disability Certificate

Sir / Madam,

Please refer to your application dated _____

for issue of a Disability Certificate for the following disability: _____

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Board on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)
(Name and Seal)