Appendix 10

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:-

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

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

Recent PP size
attested
photograph
(showing face
only) of the
person with
disability

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

<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>£</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 overall 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:-

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<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Signature and seal of the Medical Authority.

<table>
<thead>
<tr>
<th>Name and seal of Member</th>
<th>Name and seal of Member</th>
<th>Name and seal of the Chairperson</th>
</tr>
</thead>
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<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
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:-

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<th>Affected Part of Body</th>
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<td>6</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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

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<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.