

FORM - II

Disability Certificate

(In case of multiple disabilities)

(Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size Attested Photograph (Showing face only) of the person with disability
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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

resident of 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 :

Sr. 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 documents 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 Chairperson

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