

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)

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.