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***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

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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 _____ Age _____ years, male/female _____
(DD / MM / YY)

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)..... pero
 (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
 notified Medical Authority)

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

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 _____ Age _____ years, male/female _____
(DD) (MM) (YY)

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:

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.

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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 _____ Age _____ years, male/female _____

(DD) (MM) (YY)

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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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)

@ 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)

Form-V

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

Dated _____

No. _____

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)

[F. No. 16-02/2007-DD. III]
Dr. ARBIND PRASAD, Jt. Secy.