	त का राजपत्र : असाधारण 25	(.) 8
APPLICATION FOR OBTAINING	<u>"Form-I</u> 5 DISABILITY CERTIFICATE BY PERSONS	
	d DISABILITIES (See rule 3)	
1. Name		
(Surname) (First name)	(Middle name)	
2. Father's name	Mother's name	
3. Date of Birth:/		
(date) (month) 4. Age at the time of application:	(year) years	
5. Sex: Male	e/Female	
6. Address :		
A sentence for each or an inclusion		
(a) Permanent address	(b) Current Address (i.e. for communication)	
	(c) Period since when residing at current address	
7. Educational Status (Pl. tick as a	applicable)	
(I) Post Graduate		
(II) Graduate (III) Diploma (IV) Higher Secondary	adress group and a set of the set	
(V) High School (VI) Middle		•
(VII) Primary (VIII) Illiterate		
8. Occupation		
9. Identification marks (i)		
10 Nature of disability lessmotor	earing/visual/mental/others	

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THE GAZETTE OF INDIA: EXTRAORDINARY

PART II-SEC

- (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, pleas enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of m knowledge and belief, and no material information has been concealed or misstated. 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 leg guardian in case of persons with menta retardation, autism, cerebral palsy an multiple disabilities]

Date:

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Place:

Enci:

- 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 lil, 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

[भाग II — खण्ड 3(i)]

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		1

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.....

28 THEGAZETTE OF INDIA: EXTRAORDINARY [PART II—S] (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

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Cer	tifi	ca	te	No	

Date:

This IS to certify that carefully we. have 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 _____Ward/Village/Street_____ No. 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:

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1 B.

THE GAZETTE OF INDIA: EXTRAORDINARY [Part II—Sec. 3(i)]

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
P Council	Locomotor disability	© alon is	56.1	
2	Low vision	\$\$		unen as prod
3	Blindness	Both Eyes		cittle of sutto
4	Hearing Impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		.0V1 500 .039

(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)

(YY)

(MM)

[भाग II — खण्ड 3(i)]	भारत का राजपत्र : असाधारण	31
And a second		

- @ 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
THE SPECIAL PROPERTY AND	and the lattice comparison	certificate
	4	· · ·
A.1		*»
	· ·	
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5. Signature and seal of the Medical Authority.

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		1447 - 145	508-1					
2-								
	2			E 2.0 1	A lana		- E bla a	
Nam	ie and se	al of Member	Name and seal of	r Member	Name	and seal	OT, THE	4

Chairperson

and a second	Conception in the local data
Signature/ Thumb	
impression of the	2
person in whose	
favour disability	1
certificate is	ā -
issued.	

THE GAZETTE OF INDIA: EXTRAORDINARY

[PART II-SEC. 3(i)]

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	n den service de la constante	to	centify	that	trant	have	carefully	exa	imined
Shri/Sr	nt./Kun	te			and an of the ground and the second		phy lead to .		_son/
wife/da	aughter	of Shri_				0		maad y ray di kandadi ka ma	
Date o	f Birth_	1319-	Age	3	years, i	male/femal	e		
	0	DD) (MM	(<u>22)</u> (1			·	*		

Registra	ition No		pe	rmanent	resident	of	House
No		Ward	/Village/	Street		177.10 MG	Post
Office			-	District	State	e	
whose	photograph	is affixed	above, and	d am satisf	ied that	he/she is	a case
of			disability.	His/her ext	ent of pe	rcentage	physical
mpairm	ent/disability	r has been	evaluated	as per guidel	ines (to be	specified) and is
shown a	igainst the re	elevant disat	ollity in the t	able below:-			

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भारत का राजपत्र : असाधारण

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3	Disability	Affected Part	Diagnosis	Permanent physical
No.		of Body		impairment/mental
				disability (in %)
Tanad.	Locomotor disability	O		
2	Low vision	· 103 · 学		
S	Blindness	Both Eyes		
- 12 m	Hearing impairment	E and		
and 2	Mental retardation	entilizee 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.

Reassessment of disability is :

(i) not necessary,

Or

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Sel.

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Total P	is recommended/ after	years	months	, and therefore th	503
	certificate shall be va	id till	usser-jarana ana ana ana ana ana ana ana a	47488-00145-002-002-004-020-020-020-020-020-020-020	
		(DD)	(MM)	$(\gamma\gamma)$	

@ 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:-

THE GAZETTE OF INDIA: EXTRAORDINARY

[PART II—SEC. 3(i)]

Nature of Document	Date of Issue	Details o certificat	f authority issuing e
		ing i musi	
6			
			Production liste

(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

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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.

[VIII - JUS 3(1)]

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

Yours faithfully,

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

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		GAZETTEOFINDIA	EXTRAORDINA	RY	[PART II-SEC. 3	71
06	THE	San			L	
30		Form-V				
	Intimation of Reje			nility Cert	ificate	a sa
	@ M	ction of Applicat	tion for Visar	9 duo ~ 8 -		
	Intimation or keys	(see ruie		Dated		1995 1995
NO						
To,	(Name and address of	f applicant				
	for Disability Certifica	te)	aterate	• •		
	for Disability Certifica	ion for Disability C	CEL MILLOUGH			- Fort
	/ Madam, / Madam, Please refer to your			e of a Disa	bility Certificat	.e 101
Roffens Sir	/ Madam,	application dated	I FOT ISSU			
	please refer to your e following disability:		and the second	of east Antonio east of		Inned
th	Please following disability:	nanonananan menaharahan kanan kerenangan kanan kerenangan kanan kerenangan kanan kanan kerenangan kanan kerena	Laus hean	examined	by the unders	tioned
	sha sh	ove application, y	to inform th	at; for the	reasure	Ser la
2	Pursuant to the au	, and I regret	v certificate in	your favoi	άξι α	
AND N	Pursuant to the ab Medical Board on below, it is not possible t	to issue a disabilit	1.00.0			
	DEIOMA', IF IS THE A					
£						
	(1) (ii) (iii)				application,)	ou may
	(i) (ii) (iii)	re aggrieved by			application,) ng for review	ou may of this
	(ii) (iii) a In case you a	re aggrieved by			application,) ng for review Yours	you may of this faithfully,
	(ii) (iii) 3. In case you a represent to		the rejection	of your , requesti		
	(ii) (iii) a In case you a		the rejection	of your , requesti		
	(ii) (iii) 3. In case you a represent to		the rejection	of your , requesti		
	(ii) (iii) 3. In case you a represent to			of your , requesti	otified Medical (Name	Authority) a and Seal)
	(ii) (iii) 3. In case you a represent to		the rejection	n of your , requesting ry of the M	otified Medical (Name	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to		the rejection	n of your , requesting ry of the M	otified Medical (Name	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to		the rejection	n of your , requesting ry of the M	otified Medical (Name	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to		the rejection	n of your , requesting ry of the M	otified Medical (Name	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,		the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II
	(ii) (iii) 3. In case you a represent to decision,	(Auth	the rejection	of your requestion ry of the M Dr. Al	otified Medical (Namo [F. No. 16-02/2 RBIND PRASA	Authority) a and Seal) 2007-DD. II

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