FORM-I

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(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

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 documents 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.