

FORM-II

Disability Certificate

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

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

(Signature and Seal of Authorised Signatory of notified Medical Authority)