

**FORM-V**

**ANNEXURE V(A)**

Certificate of Disability

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

**[See Rule 18(1)]**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent Passport  
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/YYYY) 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

\*Dwarfism

\*Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is .....

(1) He/She has .....% (in figure)..... percent (in words) permanent  
locomotor disability/dwarfism/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/Thumb  
Impression of the person in  
whose favour disability  
certificate is issued

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