

Form – VII  
Certificate of Disability  
(In cases other than those mentioned in Forms V and VI)  
(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

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/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  
he/she is a case of \_\_\_\_\_ disability. His/her extent of percentage physical  
impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to  
be specified) and is 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.    | Muscular Dystrophy              |                       |           |  |
| 3.    | Leprosy cured                   |                       |           |  |
| 4.    | Cerebral Palsy                  |                       |           |  |
| 5.    | Acid attack Victim              |                       |           |  |
| 6.    | Low vision                      | #                     |           |  |
| 7.    | Deaf                            | €                     |           |  |
| 8.    | Hard of Hearing                 | €                     |           |  |
| 9.    | Speech and Language disability  |                       |           |  |
| 10.   | Intellectual Disability         |                       |           |  |
| 11.   | Specific Learning Disability    |                       |           |  |
| 12.   | Autism Spectrum Disorder        |                       |           |  |
| 13.   | Mental illness                  |                       |           |  |
| 14.   | Chronic Neurological Conditions |                       |           |  |
| 15.   | Multiple sclerosis              |                       |           |  |
| 16.   | Parkinson's disease             |                       |           |  |
| 17.   | Haemophilia                     |                       |           |  |

|     |                     |  |  |  |
|-----|---------------------|--|--|--|
| 18. | Thalassemia         |  |  |  |
| 19. | Sickle Cell disease |  |  |  |

(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) \_\_\_\_\_

@ - eg. Left/Right/both arms/legs

# - eg. Single eye/both eyes

€ - eg. 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  
Chief Medical Officer/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<br>impression of the<br>person in whose<br>favour certificate of<br>disability 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