

**Form-V**  
**Certificate of Disability**  
**(In cases of amputation or complete permanent paralysis of limbs or dwarfism**  
**and in case 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/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
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(C) he/she has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words)  
 permanent locomotor disability/dwarfism/blindness in relation to his/her \_\_\_\_\_ (part  
 of body) as per guidelines ( .....number and date of issue of the 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 Authorized Signatory of  
 notified Medical Authority)

Signature/thumb impression of the person  
 in whose favour certificate of disability is issued