

**ANNEXURE-X****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 impression of the person in  
whose favour certificate of 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