

FORM-V

Certificate of Disability

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

[See Para 20 of this notice]

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

Recent
Passport Size
Attested
Photograph
(Showing face
only) of the
person

Certificate No.:.....Date:

.....
This is to certify that I have carefully examined

Shri/Smt/Kum.....son/ wife/ daughter of

Shri..... Date of Birth

..... Age.....Years, Male/Female.....

(DD/MM/YYYY)

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)