

**FORM-VI**

Certificate of Disability

(In case of multiple disabilities)

[See Para 20 of this notice]

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

Certificate No.:.....

Date:.....

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

1. This is to certify that we 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 .....whose photograph is affixed above and are satisfied that:

(A) He/She is a case of **Multiple Disability**. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/ Mental Disability (in%)
1	Locomotors Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental-illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: .....percent In words : .....percent

2. This 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.....Year.....months, and therefore this certificate shall be valid till

.....(DD/MM/YYYY)

@ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; £e.g. 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

5. Signature and seal of the Medical Authority

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Name and seal of Member

Name and seal of Member

Name and seal of the Chairperson

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