

Performa IV

Certificate of Disability

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

(A) 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 Authorised Signatory of notified Medical Authority)

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