

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/YYYY) 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

(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 (.....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