

FORM-V

Certificate of Disability

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

[See Rule 18(1)]

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

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

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

(Signature and Seal of Authorized Signatory of notified notified Medical Authority)