

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 _____

(C) 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).

Nature of Document	Date of Issue	Details of authority issuing certificate

2. The applicant has submitted the following document as proof of residence :-

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

Signature/ thumb impression of the person
In whose favour certificate of disability is issued