

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/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 is issued