

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 PP 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

Age..... Years, Male/Female.....

(DD/MM/YYYY)

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:

*LocomotorDisability

*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 (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 disability
certificate is issued

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