

# CERTIFICATE OF DISABILITY

## (In case of Blindness)

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

Certificate No. \_\_\_\_\_

Date: DD/MM/YY

This is to certify that I have carefully examined Mr./Mrs./Ms. \_\_\_\_\_

\_\_\_\_\_ son/wife/ daughter of Mr. \_\_\_\_\_

Date of Birth DD/MM/YY Age \_\_\_\_\_ yrs, ☐ Male ☐ Female

Residing at (permanent address in details) \_\_\_\_\_

whose photograph is affixed above, and I confirm that:

(A) He/she has a case of blindness: ☐ Single eye ☐ Both eyes

(B) The diagnosis in his/her case is: ☐ Temporary ☐ Permanent

(C) He/ She has \_\_\_\_% In Words:- \_\_\_\_\_ %

permanent/temporary blindness in relation to his/her eye/eyes as per guidelines.

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

Nature of Document	Date of Issue	Details of authority issuing certificate



Sign/Thumb  
impression of  
disabled

Signature and Seal of  
the Authorised Signatory of notified  
Medical Authority