

# CERTIFICATE OF DISABILITY

(In cases of amputation or complete permanent or Temporary paralysis of limbs)

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 locomotor disability.

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

(C) Detailed Diagnosis : \_\_\_\_\_

(D) He/ She has \_\_\_% In words:- \_\_\_\_\_%

permanent/temporary physical impairment in relation to his/her \_\_\_\_\_

\_\_\_\_\_ (body part) 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