

CERTIFICATE OF DISABILITY

(In case of multiple disabilities)

Certificate No. _____

Date: DD/MM/YY

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

_____ son/wife/ daughter of Mr.

_____ whose Date of

Birth is DD/MM/YY , Age _____ yrs, ☐ Male ☐ Female,

Residing at (permanent address in details)

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

whose photograph is affixed above, and I confirm that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sr.No.	Disability	Affected Body Part	Diagnosis	Permanent physical impairment / mental disability (in %)
1.	Locomotor disability			
2.	Low vision			
3.	Blindness			
4.	Hearing impairment			
5.	Mental retardation			
6.	Mental-illness			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

In figures:- _____% In words:- _____%

(C) This condition is:

☐ Progressive ☐ Non-Progressive ☐ Likely to improve ☐ Not likely to improve

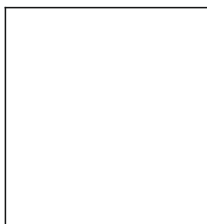
(D) Reassessment of disability is :

☐ Not necessary

☐ Is recommended/ after _____ yrs _____ months, and therefore this certificate shall be valid till DD/MM/YY.

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

