

CERTIFICATE OF DISABILITY

(In case of other 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision			
7.	Deaf			
8.	Hard of Hearing			
9.	Speech and Language Disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

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

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

(C) This condition is:

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

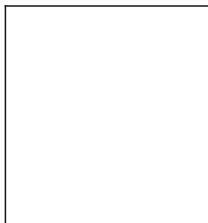
(D) Reassessment of disability is :

☐ Not necessary

☐ Is recommended/ after _____ years _____ 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