Annexure-VIII (FORM-II)

DISABILITY CERTIFICATE
(IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF LIMBS AND IN CASES OF BLINDNESS)

(See rule 4)

(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______________

Date of Birth______________Age ____________ years, male/Female________

Registration No.______________permanent resident of Home No._____________________
Ward/Village/Street______________Post Office_______________District____________________
State____________________.

Whose photograph is affixed above, and I am satisfied that:

(A) he/she is a case of:
  • locomotor disability
  • blindness
  (Please tick as applicable)

(B) the diagnosis in his/her case ________________________________

(A) He/She has ________________________ % (in figure)____________________ percent(in words) permanent physical impairment/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:-

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature/Thumb impression of the person in whose favour disability certificate is issued.
DISABILITY CERTIFICATE
(In case other than those mentioned in Forms II)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)

Certificate No. Date:

This is to certify that I have carefully examined Shri/Smt/Kum ____________ Son/wife/daughter of Shri __________ Date of Birth__________

(DD/MM/YY) Age ___________ years, male/Female_____________ Registration No._____________ permanent resident of House No._____________________

Ward/Village/Street ___________ Post Office________________________

District _______________ State _______________ Whose photograph is affixed above, and am satisfied that he/She is a Case of ______________ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities (to be specified) and is shown against the relevant disability in the table below:-

<table>
<thead>
<tr>
<th>S.No</th>
<th>Disability</th>
<th>Affected part of the body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disabilities (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Blindness</td>
<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Hearing impairment</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please strike out the disabilities which are not applicable)

2. The above condition is progress/non progress/likely to improve/not likely to improve.

3. Reassessment of disability is:

   (i) not necessary

   Or
(ii) is recommended/after _______ years_______ on this, and therefore this certificate shall be valid till _________ _________ ________

(DD) (MM) (YY)

@ e.g. Left/Right/both arms/Legs

# e.g. Single eye/both eyes

$ e.g. Left/Right/both ears.

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

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Authorised Signatory of notified Medical Authority

(Name and Seal)

Countersigned

(Countersignature and seal of the CMO/Medical Superintendent /Head of Government Hospital, in case the certificates issued by a medical authority who is not a permanent servant (with seal))

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer on the District."