

FORM-I

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)  
(Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent passport  
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 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 :

(A) he/she is a case of :

- locomotor disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is \_\_\_\_\_

(A) He/She has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words) permanent locomotor  
disability/ dwarfism /blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines  
(.....number and date of issue of the guidelines to be specified)

2. The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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