

**FORM - III**

**Disability Certificate**

(In cases other than those mentioned in Form I and II)

(Prescribed proforma subject to amendment from time to time)

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

Recent PP size Attested Photograph (Showing face only) of the person with disability
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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)  
and is shown against the relevant disability in the table below :

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

(Please strike out the disabilities which are not applicable.)

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

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended / after \_\_\_\_\_ years \_\_\_\_\_ months, 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 documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate

(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  
certificate is issued by a medical  
authority who is not a government  
servant (with seal)}

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