## FORM-I

## **Disability Certificate**

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(Prescribed proforms 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

						GISHBIII	2
	Certificat	te No. :			Date:		
	This is to certify that I have carefully examined						
	Shri/Smt./Kum.						
	son/wife/c	son/wife/daughter of Shri			Date of Birth (DD		
	/	MM	/ <b>Y</b>	<b>Y</b> )			
	Age years, male/female Registration No			permanent resident of			
	House		No				Village/Street
					Pe	ost	Office
	19		Distric	et	State	, whose p	hotograph is
		ove, and am sati					
` ,	<ul><li>Locomoto</li><li>Blindness</li><li>ase tick as app</li></ul>	r disability					
		s in his/her case i					
(A)	He/ She has% (in figure) percent (in words) perma physical impairment/blindness in relation to his/her (part of body) as per guidelines (to specified)						) permanent elines (to be
2.	The applicant has submitted the following documents as proof of residence:-						
	Nature of Document		Date of Issue			nils of authority issuing certificate	
	Signature/Tl	humb	(Signature and Sea	l of Authori	ised Signatory o	of notified Medica	al Authority)

impression of the person in whose

certificate is issued.

disability

favour