

**FORM - III**

**Certificate of Disability**

(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 passport 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 (.....number and date of issue of the 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	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			

(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.