

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]

(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 we 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 Multiple Disability. His/her extent of permanent physical
impairment/disability has been evaluated as per guidelines (.....number and date of issue
of the guidelines to be specified) for the disabilities ticked below, and is shown against the
relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			

- 6. Acid attack Victim
- 7. Low vision &
- 8. Blindness &
- 9. Deaf £
- 10. Hard of Hearing £
- 11. Speech and Language disability
- 12. Intellectual Disability
- 13. Specific Learning Disability
- 14. Autism Spectrum Disorder
- 15. Mental illness
- 16. Chronic Neurological Conditions
- 17. Multiple sclerosis
- 18. Parkinson's disease
- 19. Haemophilia
- 20. Thalassaemia
- 21. Sickle Cell disease

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:

In figures: - ----- percent

In words: - ----- percent

2. This 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

£ e.g. Left/Right/both ears

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

Nature of document	Date of issue	Details of authority issuing certificate
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5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson
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Signature/thumb impression of the person in whose favour certificate of disability is issued.

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