Annexure VIII FORM-PwD (IV)

Disability Certificate

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THECERTIFICATE)

(See rule 4)

Recent PP size attested photograph (showing face only) of the person with disability

Certificate No			Date:
This is to certify that I have ca	arefully 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	NoWard/Village/Str	reet	
	Post Office	_	
District	St	ate	
		, whos	e photograph is affixed above, and am
satisfied that he/she is a case	of disability.		

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	Diagnosis	Permanent physical impairment / mental disability (in %)
			mentar disability (m 70)
1	Locomotor disability		
2	Visual Impairment (blindness / low vision)		
3	Hearing impairment		
4	Speech and language disability		
5	Intellectual disability		
6	Mental-illness		
7	Disability caused due to chronic		
	neurological conditions and / or blood disorders		

(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:

 a. not necessary Or b. is recommended/after shall be valid till (DD/M) 4. The applicant has submitted 	M/YY)					
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 whose favour disability certificate						

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.