

Form-V
Certificate of Disability

(In case amputation or complete permanent paralysis of limbs or dwarfism in case of blindness)
{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

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 residence 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:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is.....

(A) he/she has.....% (in figure)percent (in words) permanent locomotor
disability/dwarfism/blindness in relation to his/her.....(part of body) as per guidelines
.....number and date of issue of the guidelines to be specified.

2. The Applicant has submitted the following document as proof of residence:-

Nature of Document	Date of issue	Details of authority issuing certificate

(Signature and seal of Authorised
Singatory of notified Medical Authority)

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