

## FORM-V

Certificate of Disability

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

[See Rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport Size  
Attested Photograph  
of the person with  
disability  
(Showing face only)

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/YYYY) 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:  
\*Locomotor Disability  
\*Dwarfism  
\*Blindness  
(Please tick as applicable)

- (B) the diagnosis in his/her case is.....  
(1) 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/Thumb  
Impression of  
the person in  
whose favour  
certificate of  
disability  
is issued

(Signature and Seal of Authorized Signatory of notified  
notified Medical Authority)