

## FORM-VII

## Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

[See Rule 18(1)]

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

Certificate No.: .....Date: .....

1. This is to certify that we 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 I am satisfied that: 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) for the

disabilities ticked below and shown against the relevant disability in the table below:

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

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/ Mental Disability (in %)
1	Locomotors 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	Hemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(B) In the light of the above, his/her overall permanent physical impairment as per 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 ..... year ..... months, and therefore this certificate shall be valid till ..... (DD/MM/YYYY)

@ 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 document as proof of residence:

Nature of Document	Date of issue	Details of authority issuing certificate

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))

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

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

**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. The principal rules were published in the Gazette of India vide notification number S.O.908(E), dated the 31st December, 1996.