

APPENDIX 9

**"Form-I  
APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS  
WITH DISABILITIES  
(See rule 3)**

1. Name: (Surname) \_\_\_\_\_ (First name) \_\_\_\_\_ (Middle name) \_\_\_\_\_

2. Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

3. Date of Birth: (date) \_\_\_\_\_ / (month) \_\_\_\_\_ / (year) \_\_\_\_\_

4. Age at the time of application: \_\_\_\_\_ years

5. Sex: \_\_\_\_\_ Male/Female

6. Address:

(a) Permanent address

\_\_\_\_\_

\_\_\_\_\_

(b) Current Address (i.e. for communication)

\_\_\_\_\_

\_\_\_\_\_

(c) Period since when residing at current address

\_\_\_\_\_

7. Educational Status (Pl. tick as applicable)

- I. Post Graduate
- II. Graduate
- III. Diploma
- IV. Higher Secondary
- V. High School
- VI. Middle
- VII. Primary
- VIII. Illiterate

8. Occupation \_\_\_\_\_

9. Identification marks (i) \_\_\_\_\_ (ii) \_\_\_\_\_

10. Nature of disability: locomotor/hearing/visual/mental/others

11. Period since when disabled: From Birth/Since year \_\_\_\_\_

12. (i) Did you ever apply for issue of a disability certificate in the past \_\_\_\_\_ YES/NO

(ii) If yes, details:

a. Authority to whom and district in which applied \_\_\_\_\_

b. Result of application \_\_\_\_\_

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

\_\_\_\_\_  
(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)
  - a. ration card,
  - b. voter identity card,
  - c. driving license,
  - d. bank passbook
  - e. PAN card,
  - f. passport,
  - g. telephone, electricity, water and any other utility bill indicating the address of the applicant,
  - h. a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Govt. school,
  - i. in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.
2. Two recent passport size photographs

(For office use only)

Date:  
Place:

Signature of issuing authority  
Stamp

**Disability Certificate**  
**(In cases of amputation or complete permanent paralysis of limbs**  
**and in cases of blindness)**  
**(See rule 4)**

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

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

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 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
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(A) He/ She has \_\_\_\_\_%(in figure) \_\_\_\_\_ percent (in words) permanent physical  
impairment/blindness in relation to his/her \_\_\_\_\_(part of body) as per 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 Signatory of  
notified Medical Authority)

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

**Form-III**

**Disability Certificate**  
**(In case of multiple disabilities)**  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE**  
**CERTIFICATE)**  
**(See rule 4)**

Recent PP 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 \_\_\_\_\_ house  
No. \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post  
Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose  
photograph is affixed above, and are 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 (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

<b>S. No.</b>	<b>Disability</b>	<b>Affected Part of Body</b>	<b>Diagnosis</b>	<b>Permanent physical impairment/mental disability (in %)</b>
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	<b>Both Eyes</b>		
4	Hearing impairment	£		
5	Mental retardation	<b>X</b>		
6	Mental-illness	<b>X</b>		

(B) In the light of the above, his /her over all 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 \_\_\_\_\_years\_\_\_\_\_months, and therefore this certificate shall be valid till (DD / MM / YY) \_\_\_\_\_

**@ - 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:-

<b>Nature of Document</b>	<b>Date of Issue</b>	<b>Details of authority issuing certificate</b>

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

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

**Form-IV**

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

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)  
(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 \_\_\_\_\_ 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 he/she is a case  
of \_\_\_\_\_ disability. His/her extent of percentage 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	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	<b>Both Eyes</b>		
4	Hearing impairment	£		
5	Mental retardation	<b>X</b>		
6	Mental-illness	<b>X</b>		

(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 :

(i) not necessary,

**Or**

(ii) is recommended/ after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD / MM / YY) \_\_\_\_\_

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**@ - 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

(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  
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."

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

**Form-V**

**Intimation of Rejection of Application for Disability Certificate (See rule 4)**

No. \_\_\_\_\_

Dated:

To,

(Name and address of applicant for Disability Certificate)

Sub.: Rejection of Application for Disability Certificate

Sir / Madam,

Please refer to your application dated \_\_\_\_\_

for issue of a Disability Certificate for the following disability: \_\_\_\_\_

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Board on \_\_\_\_\_, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to \_\_\_\_\_, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)  
(Name and Seal)