

List of Certifying authority to issue certificate of disability as per the Right of Persons with Disability 2016 and Application Forms

SI No	Name of the Disability	<i>Certifying authority to issue certificate of disability</i>
1	Locomotor disability	Physical Medicine and Rehabilitation or Orthopaedician
2	Muscular Dystrophy	Neurologist / Orthopaedician
3	Leprosy cured	Physical Medicine and Rehabilitation or Orthopaedician or Dermatologist
4	Dwarfism	Orthopaedician / Physical Medicine and Rehabilitation
5	Cerebral Palsy	Physical Medicine and Rehabilitation Orthopaedician or Pediatrician or Pediatric /Neurologist or Psychiatrist
6	Acid attack Victim	Dermatologist/ Orthopaedician
7	Low vision	Specialist in the field of Ophthalmology
8	Blindness	Specialist in the field of Ophthalmology
9	Deaf	Specialist in the field of E.N.T
10	Hard of Hearing	Specialist in the field of E.N.T
11	Language Speech and Disability	Specialist in the field of E.N.T/ Neurologist
12	Intellectual Disability	Children with mental retardation below the age of 12 years – pediatrician or pediatric Neurologist or psychiatrist for adults, above the age group of 12 years – Psychiatrist.
13	Specific Learning Disability	Children below the age of 12 years – pediatrician Or pediatric Neurologist or psychiatrist For adults, above the age group of 12 years – Psychiatrist.
14	Autism Spectrum Disorder	Psychiatrist or Pediatrician or Neurologist
15	Mental illness	Psychiatrist
16	Chronic Neurological Conditions	Neurologist/ Neurosurgeons
17	Multiple sclerosis	Neurologist / Orthopaedician
18	Parkinson's disease	Neurologist
19	Haemophilia	Hematologists / Orthopaedician or pediatrician
20	Thalassemia	Hematologists / Orthopaedician or pediatrician
21	Sickle Cell disease	Hematologists / Orthopaedician or pediatrician
22	Locomotor disability by way of only of amputation or complete permanent paralysis of limbs and Blindness	Any doctor/ medical practitioner working in the Hospitals/ Institutions/ Primary Health Centers run by Government/ Statutory Local bodies
23	Multiple Disability	Medical Board consisting three members of whom one will be specialist dealing with relevant disabilities

FORM- IV

Application for Obtaining Certificate of Disability by Persons with Disabilities

[See rule 17(1)]

(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/Transgender _____

(6) Address:

(a) Permanent
address

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

(c) Period since when residing at current address _____

(7) Educational Status (please tick as applicable)

- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle
- (vii) Primary
- (viii) Non-literate

(8) Occupation _____

(9) Identification marks (i) _____ (ii) _____

(10) Nature of disability :

(11) Period since when disabled: From Birth//since year _____

(12) (i) Did you ever apply for issue of a certificate of disability 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 certificate of disability 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 intellectual disability, autism, cerebral palsy and multiple disabilities, etc)

Date :
Place:

Enclosures:

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 Government school,
- (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.
2. Two recent passport size photographs

(For office use only)

Date:
Place:

Signature of issuing authority
Stamp

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and 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
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
- 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 Signatory of notified Medical Authority)

Signature/thumb
Impression of the
Person in whose favour certificate
of disability is issued

Form – VI
Certificate of Disability
(In cases of multiple disabilities)
[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
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 Multiple 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 is shown against the relevant disability in the table below:-

Sl.No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Language Speech and Disability			
12	Intellectual Disability			
13	Specific Learning Disability			

14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple sclerosis			
18	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows : -

In figures: - ----- percent

In words: - ----- percent

2. The 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) _____

@ eg. Left/Right/both arms/legs

eg. Single eye/both eyes

£ eg. Left/Right/both ears

3. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

4. 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 certificate of disability is issued
--

Form – VII

Certificate of Disability

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

(Name and Address of the Medical Authority issuing the Certificate)

[See rule 18(1)]

Recent Passport
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 (.....number and date of
issue of the guidelines to be specified) and is shown against the relevant disability in the
table below:-

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Language Speech and 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	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(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) _____

@ eg. Left/Right/both arms/legs

eg. Single eye/both eyes

€ eg. Left/Right/both ears

3. 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
Chief Medical Officer/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 certificate of disability is issued
--

Note: In case this certificate issued by medical authority who is not a Government servant , it shall be valid only if counter sign by Chief Medical Officer of the District.

FORM - VIII

[Intimation of rejection of Application for Certificate of Disability]

[See rule 18 (4)]

No. _____ Dated :

To,

(Name and address of applicant
for Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/ Madam,

Please refer to your application dated _____ for issue of a Certificate of Disability
for the following disability: _____

2. Pursuant to the above application, you have been examined by the undersigned/
Medical Authority on _____, and I regret to inform that, for the reasons mentioned
below, it is not possible to issue a Certificate of Disability 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)