

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:



Certificate No. _____

Date: _____

This is to certify that I have carefully examined
Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of

Birth _____ Age _____ years, male/female _____

(DD / MM / YY)

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 permanent 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	Both eyes		
4.	Hearing Impaired	£		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(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)

@ 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

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued

(Authorized Signatory of notified Medical Authority (Name and seal)
(Counter signature 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)