

**FORM- III**  
**Disability Certificate**  
(In case of **MULTIPLE DISABILITIES**)

NAME AND ADDRESS OF THE  
MEDICAL AUTHORITY  
ISSUING THE CERTIFICATE:



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

Date: \_\_\_\_\_

This is to certify that we have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_

son/wife/daughter of Shri \_\_\_\_\_ Date of

Birth \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_

(date) (month) (year)

Registration No. \_\_\_\_\_ permanent resident of 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:

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Loco-motor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impaired	£		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(B) In the light of the above, his/her over all permanent physical impairments 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:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

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Name and Seal of Member

Name and seal of Member

Name and seal of the  
Chairperson

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