

Annexure –V

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 we have carefully examined
Shri/Smt./Kum. _____ son/wife/daughter _____
_____ of Shri _____ Date _____ of
Birth(DD/MM/YY) _____ Age _____ years, male/female. Registra
tion 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 permanent physical impairment/disability has been evaluated as per guideline (..... 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:

S. 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.	Speech and Language 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: percentage

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)

@ - eg. Left/Right/both arms/legs

- eg. Single eye /both/eyes

€ - eg. 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.

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
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