

Annexure - X

**Form-V
Certificate of Disability**

(In cases of amputation or completer permanent paralysis of limbs or dwarfism and in cases 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.....

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 certificate is issued.
