

ANNEXURE – IX(A)

FORM-V

Certificate of Disability

(In cases of amputation or complete 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.: Date:

This is to certify that I have carefully examined Shri / Smt / Kum son / wife / daughter of Shri Date of Birth (DD/MM/YYYY) 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

(1) He / She has% (in figure)..... percent (in words) permanent locomotor disability / dwarfism/blindness in relation to his/her (part of body) as per 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/Thumb Impression of the
person in whose favour disability
certificate is issued

(Signature and Seal of Authorized Signatory of
notified Medical Authority)