

## ANNEXURE -VI (B)

FORM-VI  
Certificate of Disability  
(In case of multiple disabilities)  
[See Rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No.: ..... Date: .....

Recent Passport Size  
Attested Photograph  
(Showing face only) of  
the person with  
disability

1. This is to certify that we 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 ..... 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:

| S. No. | Disability                      | Affected Part of Body | Diagnosis | Permanent Physical Impairment/ Mental Disability (in%) |
|--------|---------------------------------|-----------------------|-----------|--|
| 1      | Locomotors 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     | Hemophilia                      |                       |           |  |
| 20     | Thalassemia                     |                       |           |  |
| 21     | Sickle Cell disease             |                       |           |  |

(B) In the light of the above, his/her overall permanent physical impairment 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 .....Year .....months, and therefore this certificate shall be valid till  
.....(DD/MM/YYYY)

@ 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

|                         |                         |                                  |
|-------------------------|-------------------------|----------------------------------|
|                         |                         |                                  |
| 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 disability certificate is issued