

## ANNEXURE - VI(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

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)