

FORM-V**Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See Rule 18(1)]**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

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 (.....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

Recent passport size attested photograph (Showing face only) of the person with disability

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

Signature/Thumb Impression of the person in whose favour certificate of disability is issued