

Form-II Disability Certificate

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

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

(See rule 4)

Recent Passport size
attested Photograph
(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/YY) _____ Age _____ years _____, male/female _____

Registration No. _____ resident of House No. _____ Ward/Village/Street _____

Post Office _____ District _____ State _____, whose
photograph is affixed above, and am satisfied that:

1. he/she is a case of:

- a. locomotor disability
- b. blindness

(Please tick as applicable)

2. the diagnosis in his/her case is _____.

3. He/ She has ___% (in figure) ___percent (inwords) permanent physical impairment/blindness in relation to his/her _____(partof body) as per guidelines (to be specified).
4. 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 a disability certificate is issued.