

FORM-PwD (II)

**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. _____ permanent
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 (in words) permanent physical impairment/blindness in relation to his/her _____ (part of 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.

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