

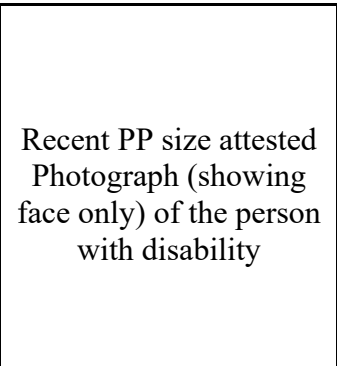
FORM-PwD (IV)

**Form-IV
Disability Certificate**

(In cases of other than those mentioned in Forms II and III)

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

(See rule 4)



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 satisfied that he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below

S. No.	Disability	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability		

2.	Visual Impairment (blindness / low vision)		
3.	Hearing impairment		
4.	Speech and language disability		
5.	Intellectual disability		
6.	Mental-illness		
7.	Disability caused due to chronic neurological conditions and / or blood disorders		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
3. Reassessment of disability is:
 - a. not necessary

Or

- b. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____.
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

FORM- PwD (IV)



Signature/Thumb impression of the person in whose favour a disability certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette.