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 PP size Attested Photograph (Showing 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 disability certificate is issued.