

Form-III
 Disability Certificate
 (In cases of multiple disabilities)
**(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 are
 satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/
 disability has been evaluated as per guidelines (to be specified) for the disabilities ticked
 below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

@ - e.g., Left/Right/both arms/legs
 # - e.g., Single eye/both eyes
 £ - e.g., Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ percent

In words: _____ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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