

HARYANA GOVERNMENT

HEALTH DEPARTMENT

Notification

The 12th September, 2013

No.28/195/82-6HB-I:-In supersession to the Medical Board notification No. 28/195/82-5HB-1 dated 21.3.1989, appellate Medical Boards at Divisional level notification No. 28/195/82-5HB-1 dated 13.1.2003, and in pursuance of Government of India Ministry of Welfare notification no. 4-2/83-HW-II dated 06.08.1986 amended in time to time, the provisions of sub-clause (p) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, Rules 1996 amended thereafter time to time, the Governor of Haryana is hereby specify for the purpose of issue of certificate of disability as mentioned in sub-clause (t) of the said section 2, the institutions mentioned in the table given below, as "Medical Authorities" for the type of disability for issuance of certificate.

Special tests as indicated in the Government of India notification dated 1986 and amended thereafter time to time or by the State Govt. shall be got conducted by the Medical Authorities and recorded before issuing the certificate to the concerned handicapped person.

1. General Guidelines:-

- i. A person with disability desirous of getting a certificate in his/her favour shall submit a dully filled Form-I in the office of Civil Surgeon along with all documents including OPD Slip/ Indoor Cards, investigation, X-Ray, etc.
- ii. The term Medical Board is replaced with Medical Authority.
- iii. All Motor Accidental and Claimed Tribunal (MACT) cases shall be charged Rs. 100/- for each certificate and it will be deposited in Account of user charges.
- iv. The Medical Authority shall meet on every working Wednesday.
- v. The Medical Authority will examine all cases as per the Technical Parameters of Govt. of India or by State Govt.
- vi. The record of each applicant must be available for future reference in the office of Civil Surgeon.
- vii. The Disability Certificate shall be issued on prescribed format as per annexures.
- viii. The Disability Certificate shall bear name & designation of the members of medical authority along with seal.
- ix. Efforts shall be made for the computerization of the record.
- x. If the District Medical Authority is unable to issue certificate due to any reason then the Medical Authority may refer the case to the State Medical Authority at PGIMS, Rohtak by passing speaking order.
- xi. The Disability Certificate shall be valid for all benefits as per Govt. rules.
- xii. Only Passport size photograph shall be pasted on the certificate.
- xiii. The photo must be signed and stamped on the certificate by the specialist in such a way that signature and stamp appears partly on the photo and partly on the certificate.
- xiv. No certificate shall be issued if the percentage of disability is less than 40% except in cases where the Hon'ble Court passes specific order.
- xv. The tests prescribed to evaluate the disability shall be got conducted in Govt. institutions on recommendation of the specialists.
- xvi. The committee shall write clearly about the percentage of disability and also mention detail of reasons of disability so that departments will not find any difficulty in granting the benefits.
- xvii. The decision of the State Medical Authority shall be final.
- xviii. The District Medical Authority may take the services of a specialist from other Govt. hospitals of the districts if required and also can refer cases for investigations if these are not available in the concerned Govt. Hospital. They may refer only those cases if a specialist is not available in the district hospital or which require specialized investigation and it is to be supported by reasons and speaking order shall be passed.

2. MEDICAL AUTHORITIES

| Sr. No. | Type of Disability | Hospital/Institution which is being specified as the "Medical Authority" for the purpose of the disability mentioned in col.2 | Doctors working in the Hospital/Institution in Col. 3 who would be competent to issue certificate of disability |
|---------|---|---|---|
| 1 | 2 | 3 | 4 |
| 1 | (i) Locomotor Disability in case of amputation or complete permanent paralysis of limbs and in cases of Blindness (to be issued on Form-II) | District Medical Authority at District Level | (i) Civil Surgeon - Chairman (ii) Principal Medical Officer/Medical Supdt / Senior Medical Officer/Incharge of Distt. Hospital --- Member. (iii) Concerned Specialist/s---Member/s The expert to be nominated by the Civil Surgeon as under :- |
| | (ii) Multiple Disabilities (To be issued on Form-III) | | Ophthalmologist, ENT Surgeon, Orthopedic Surgeon, Psychiatrist, Physician etc. |
| | (iii) In other cases (to be issued on Form- IV) | | |
| 2. | Locomotor Disability in case of amputation of limbs only (to be issued on Form-VI) | Sub-Divisional Medical Authority at Sub-Divisional Hospital | (i) Senior Medical Officer/Medical Officer I/C Sub-Divisional Hospital - Chairman (ii) Medical Officer who may or may not be Orthopaedician at the Sub-Divisional Hospital --- Member. |
| 3. | (i) Locomotor Disability in case of amputation or complete permanent paralysis of limbs and in cases of Blindness (to be issued on Form-II) | State Medical authority at PGIMS Rohtak | (i) Medical Supdt--- Chairman (ii) Dy. Medical Supdt.----Member. (iii) Concerned Specialist/s----Member. (Ophthalmologist, ENT Surgeon, Orthopedic Surgeon, Psychiatrist, Physician etc.) Any person aggrieved by the decision of Medical Authority at district/ sub-divisional may submit an application to DGHS for examination at State Medical authority PGIMS Rohtak. The decision of the State Medical Authority PGIMS Rohtak shall be final. |
| | (ii) Multiple Disabilities (To be issued on Form-III) | | |
| | (iii) In other cases (to be issued on Form- IV) | | |

3. Application for issue of disability certificate.

(1) A person with disability desirous of getting a certificate in his favour shall submit an application in Form-I, and the application shall be accompanied by -

- proof of residence, and
- two recent passport size photographs.

(2) **The application shall be submitted to -**

(i) a medical authority competent to issue such a certificate in the district of the applicant's residence as mentioned in the proof of residence submitted by him with the application, or

(ii) the concerned medical authority in a Govt. Hospital where he may be undergoing or may have undergone treatment in connection with his disability:

Provided that where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian.

4. Issue of disability certificate -

(1) On receipt of an application Under Rule 3, the medical authority shall, after satisfying himself that the applicant is a person with disability as defined in sub-clause (t) of section 2 of the Act, issue a disability certificate in his favour in Form II, Form III, Form IV or Form VI as applicable.

(2) The certificate shall be issued as far as possible, within a week from the date of receipt of the application by the medical authority, but in any case, not later than one month from such date.

(3) The medical authority shall, after due examination, -

- i. give a permanent disability certificate in cases where there are no chances of variation, over time, in the degree of disability, and
- ii. shall indicate the period of validity in the certificate, in cases where there is any change of variation, over time, in the degree of disability

(4) If an applicant is found ineligible for issue of disability certificate, the medical authority shall explain to him the reasons for rejection of his application, and shall also convey the reasons to him in writing in Form V.

(5) A copy of every disability certificate issued under these rules by a medical authority other than the Chief Medical Officer shall be simultaneously sent by such medical authority to the Chief Medical Officer of the district.

5. Review of a decision regarding issue of, or refusal to issue, a disability certificate -

(1) Any applicant for a disability certificate, who is aggrieved by the nature of a certificate issued to him, or by refusal to issue such a certificate in his favour, as the case may be, may represent against such a decision to the medical authority as specified for the purpose by the appropriate Government:

Provided that where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian.

(2) The application for review shall be accompanied by a copy of the certificate or letter of rejection being appealed against.

(3) On receipt of an application for review, the medical authority shall, after giving the appellant an opportunity of being heard, pass such orders on it as it may deem appropriate.

(4) An application for review shall, as far as possible, be disposed of within a fortnight from the date of its receipt, but in any case, not later than one month from such date.

6. Certificate issued under rule 4 to be generally valid for all purposes.

A certificate issued under rule 4 shall render a person eligible to apply for facilities, concessions and benefits admissible under schemes of the Government and of Non-Governmental

Organizations funded by the Government, subject to such conditions as may be specified in relevant schemes or instructions of Government, etc., as the case may be.

7. **Forms.**

APPLICATION (Form-I)

(See Rule 3)

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSON WITH DISABILITIES

1. Name
(Surname) (First Name) (Middle Name)
2. Father's Name Mother's Name
3. Date of Birth / /
(Date) (Month) (Years)
4. Age at the time of application: years
5. Sex: Male/Female
6. Address:
 - (a) Permanent Address
 - (b) Current Address (i.e. for communication)
 - (c) Period since when residing at current address
7. Educational Status (Pl. tick as applicable)
 - (i) Post Graduate
 - (ii) Graduate
 - (iii) Higher Secondary
 - (iv) Matriculation
 - (v) Middle
 - (vi) Primary
 - (vii) Illiterate
8. Occupation
9. Identification Marks (I) (ii)
10. Nature of disability: Locomotor/Hearing/Visual/Mental/Others
11. Period since when disabled: From Birth/Since year
12. (i) Did you ever apply for issue of a disability certificate in the past Yes/No
(ii) If Yes, details:
 - (a) Authority to whom and district in which applied
 - (b) Result of application
13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

Recent PF size
Attested
Photograph
Face
.....
only of the person
with disability

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities).

Date: (DD \ MM \ YY) Male \ Female

Place: Permanent / Temporary / Other

Encl.: Registration No. _____

1. Proof of residence (Please tick as applicable and attached photocopy)
 - (a) Ration card
 - (b) Aadhar Card
 - (c) Voter Identity card
 - (d) Driving License
 - (e) PAN card
 - (f) Passport
 - (g) Landline BSNL Telephone, Electricity and Water bill indicating the address of the applicant.
 - (h) A certificate of residence issued by a Cantonment Authority
 - (i) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill etc., a certificate of residence from the head of such institution.
2. Two recent passport size photographs.

(For office use only)

| Remarks | Date of Issue | Nature of Document |
|---------|---------------|--------------------|
| | | |

Date: _____
Place: _____

Signature of issuing Authority
Stamp

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

(Form-II)

Disability Certificate
(In cases of Amputation or complete permanent paralysis of Limbs and in case of Blindness)

(See Rule-4)

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

Recent PP size
 Attested
 Photograph
 (Showing face
 only) of the person
 with disability

Certificate No. _____

Date: _____

This is to certify that we have carefully examined
 Shri/Smt/Kum. _____ Son/Wife/Daughter of Shri

_____ Date of Birth _____ Age _____ years,
 Male/Female _____ (DD/ MM/ YY)

Registration No. _____ Permanent resident of House

No. _____ Ward/Village/ Street _____ Post Office _____

District _____ State _____, whose photograph is affixed above, and are, satisfied that:

(A) He/ she is a case of: (Please tick as applicable)

- Loco motor Disability.
- Blindness

(Please Tick as applicable)

(B) The Diagnosis in his/her case is _____

(C) 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). _____

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

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| | | |

3. Signature and Seal of the Medical Authority:

| | | |
|--|--|--|
| | | |
|--|--|--|

Name and seal of member

Name and seal of member

Name and seal of
 Chairperson

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

(Form-III)

**Disability Certificate
(In case 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 we have carefully examined

Shri/Smt/Kum. _____ Son/Wife/ Daughter of Shri
_____ Date of Birth _____ Age _____ years,

Male/Female _____ (DD/ MM/ YY)

Registration No. _____ Permanent resident of House
No. _____ Ward/Village/Street _____ Post Office _____

District _____ State _____, whose photograph is affixed above, and are, satisfied that:

(A) He/She is a Case of **MULTIPLE DISABILITIES**. 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:

| Sr.No. | Disability | Affected part of Body | Diagnosis | Disability (in %) |
|--------|----------------------|-----------------------|-----------|-------------------|
| 1 | Locomotor Disability | @ | | |
| 2 | Low Vision | # | | |
| 3 | Blindness | Both Eyes | | |
| 4 | Hearing Impairment | £ | | |
| 5 | Mental Retardation | X | | |
| 6 | Mental Illness | X | | |

(B) In the light of the above, his/her over all permanent Physical impairment as per guidelines (to be specified), is as follows :). _____

In figures:- _____ Percent.

In Words _____ (percent)

2. The condition is progressive/Non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability:-

(i) Not Necessary,

Or

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

(DD) (MM) (YY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/Both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following documents as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| | | |

5. Signature and Seal of the Medical Authority.

| | | |
|--|--|--|
| | | |
|--|--|--|

Name and seal of member

Name and seal of member

Name and seal of Chairperson

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

| Sr.No. | Disability | Affected part of Body | Diagnosis |
|--------|----------------------|-----------------------|-----------|
| 1. | Locomotor Disability | @ | |
| 2. | Low Vision | # | |
| 3. | Blindness | Both Eyes | |
| 4. | Hearing Impairment | E | |
| 5. | Mental Retardation | X | |
| 6. | Mental Illness | X | |

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows: _____

3. Reassessment of disability: (i) Not Necessary, (ii) is recommended after _____ years _____ months, and therefore this certificate shall be valid till _____ (DD) (MM) (YY)

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

@ e.g. Left/Right/both arms/legs
e.g. Single eye/Both eyes

(Form-IV)
Disability Certificate
(In other cases)
(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

Certificate No. _____

Date: _____

This is to certify that we have carefully examined
 Shri/Smt/Kum. _____ Son/Wife/ Daughter of Shri

_____ Date of Birth _____ Age _____ years,

Male/Female _____ (DD/ MM/ YY)

Registration No. _____ Permanent resident of House

No. _____ Ward/Village/Street _____ Post Office _____

District _____ State _____, whose photograph is affixed above, and am, satisfied that
 he/she is a case of _____ disability. His/her extent of percentage physical
 impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the
 relevant disability in the table below:

| Sr.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 | | |
| 7. | Other Cases | | | |

(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:-

(i) Not Necessary,
 Or

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

(DD) (MM) (YY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/Both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following documents as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--|---------------|--|
| Recent PP (Showing only of the person) | | |
| Photograph | | |

5. Signature and Seal of the Medical Authority.

| | | |
|-------------------------|-------------------------|------------------------------|
| Name and seal of member | Name and seal of member | Name and seal of Chairperson |
|-------------------------|-------------------------|------------------------------|

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

| Sr.No. | Disability | Affected part of Body | Diagnosis |
|--------|----------------------|-----------------------|-----------|
| 1 | Other Cases | | |
| 2 | Mental illness | X | |
| 3 | Mental Retardation | X | |
| 4 | Hearing Impairment | E | |
| 5 | Blindness | Both Eyes | |
| 6 | Low Vision | # | |
| 7 | Locomotor Disability | @ | |

(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:-

- (i) Not Necessary
- (ii) is recommended after _____ years _____ months, and therefore this certificate shall be valid till _____ (DD) (MM) (YY)

- @ e.g. Left/Right/both arms/legs
- # e.g. single eye/both eyes
- E e.g. Left/Right/both ears

Form V

**Intimation of Rejection of Application for Disability Certificate
(See Rule-4)**

No. _____
To, _____

Dated: _____

(Name and address of applicant
For Disability Certificate)

Sub: Rejection of Application for Disability Certificate.

Sir/Madam,

Please refer to your application dated _____ for issue of a Disability Certificate for the following disability: _____

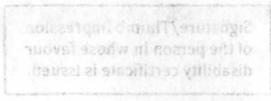
2. Pursuant to the above application, you have been examined by the undersigned/ Medical Authority on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

- (i)
- (ii)
- (iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,

Signature of Medical Authority
(Name and Seal)



Principal Secretary to Government, Health Department,
Chandigarh

The 30th August, 2013

(Form-VI)

Disability Certificate**(In cases of Amputation of limbs only)****(See Rule-4)****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**Recent PP size
Attested Photograph
(Showing face only)
of the person with
disability

Certificate No. _____

Date: _____

This is to certify that we have carefully examined
Shri/Smt/Kum. _____ Son/Wife/Daughter of Shri_____ Date of Birth _____ Age _____ years,
Male/Female _____ (DD/ MM/ YY)Registration No. _____ Permanent resident of House
No. _____ Ward/Village/Street _____ Post Office _____

District _____ State _____, whose photograph is affixed above, and are, satisfied that:

(A) He/ she is a case of:

- Loco motor Disability.

(B) The Diagnosis in his/her case is

(C) He /She has _____ % (in figure) _____ percent (in words) in cases of
amputation in relation to his/her _____ (part of body) as per guidelines (to be specified).

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

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| | | |

3. Signature and Seal of the Medical Authority.

| | |
|--|--|
| | |
|--|--|

Name and seal of member

Name and seal of
ChairpersonSignature/Thumb impression
of the person in whose favour
disability certificate is issued.Chandigarh :
The 30th August, 2013NAVRAJ SANDHU,
Principal Secretary to Government, Haryana,
Health Department.