

Format of Certificate of Physically Challenged Category for Applying for Admission

Important Note:- Under this category of Physically Challenged, persons only with Permanent Physical Disability (PPD) will be considered. Candidates with temporary physical disability will not be eligible for applying under this category.

(Detailed information is available at Ministry of Social Justice and Empowerment, Government of India website: www.socialjustice.nic.in as per RPWD ACT, 2016 as adopted by Syndicate of Panjab University in its meeting dated-28th May, 2017.

(Copies of Form-I, Form-II, Form-III and Form-IV, attached).

Form-I

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES

1. Name: (Surname)_____ (First name)_____
(Middle name) _____
2. Father's name: _____ Mother's name: _____
3. Date of Birth: (date) _____ / (month) _____ / (year) _____
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. Diploma
 - IV. Higher Secondary
 - V. High School
 - VI. Middle
 - VII. Primary

VIII. 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.

(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:

Place:

Encl:

1. Proof of residence (Please tick as applicable)
- a. ration card,
 - b. voter identity card,
 - c. driving license,
 - d. bank passbook,
 - e. PAN card,
 - f. Passport,
 - g. Telephone, electricity, water and any other utility bill indicating the address of the candidate ,
 - h. A certificate of residence issued by a Panchayat, municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Govt. school,
 - 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)

Date:

Place:

Signature of issuing authority
Stamp

(Form-II)

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in case of blindness)

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport size
Attested Photograph
(showing face only)
of the person with
disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Mr./Ms./Mx. _____
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:

(A) He/she is a case of:

- locomotor disability
- dwarfism
- 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 candidate has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
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Signature/ Thumb
impression of the
person in whose
favour disability
certificate is issued.

Signature and Seal of Authorised Signatory of
Notified Medical Authority)

(Form-III)

Disability Certificate

(In case of multiple disabilities)

(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 Mr./Ms./Mx. _____ 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:

(A) 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:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and language disability			
12.	Intellectual disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			

15.	Mental illness			
16.	Chronic Neurological conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(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. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. 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) _____

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

4. The candidate has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
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5. Signature and seal of the Medical Authority

Name and seal of Member

Name and seal of Member

Name and seal of the
Chairperson

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

(Form-IV)
Disability Certificate

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

(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 I have carefully examined Mr./Ms./Mx. _____
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 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and language disability			
10.	Intellectual disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological conditions			

15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(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:

(i) not necessary.

Or

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 candidate 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)

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

Note: 1. "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"