

**Form-VII**  
**DISABILITY CERTIFICATE**

**(In cases of multiple disabilities) (See rule 5)**

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

Affix 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 Shri/ Smt./Km. ....

son/wife/daughter of Shri .....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ years, Male/Female \_\_\_\_  
(DD) (MM) (YYYY)

Registration No. \_\_\_\_\_ Permanent resident of House No. \_\_\_\_\_ Ward/Village \_\_\_\_\_

Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ PIN 

--	--	--	--	--	--	--

whose photograph is affixed above, and am 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:-

Sl. 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	1		
5.	Mental retardation	X		
6.	Mental-illness	X		

@ e.g. Left/Right/Both Arms/Legs, # e.g. Single Eye/Both Eyes, 1 e.g. Left/Right/Both Ears

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

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 & Seal of Member	Name & Seal of Member	Name & Seal of Chairperson

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