

FORM-V
Certificate of Disability

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

[See Rule 18(1)]

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

Recent Passport
Size Attested
Photograph
(Showing face
only) of the
person with

Certificate No.: Date:

This is to certify that I have carefully testined Shri / Smt / Kumson / wife / daughter of Shri Date of Birth (DD/MM/YYYY) 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

(1) He / She has% (in figure)..... percent (in words) permanent Locomotor disability / dwarfism/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 |
|--------------------|---------------|--|
|--------------------|---------------|--|

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

(Signature and Seal of Authorized Signatory of notified Medical Authority)