

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)**  
(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

Son.Smt./Kum. \_\_\_\_\_

Son/Wife /Daughter of Shri \_\_\_\_\_

Date of Birth \_\_\_\_\_ age \_\_\_\_\_ years, Male/Female \_\_\_\_\_

(DD/MM/YY)

Registration No. \_\_\_\_\_ Permanent resident of House No. \_\_\_\_\_

ard/Village/Street \_\_\_\_\_ post office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and am satisfied that:

(A)He / she is a case of Disability. His/her extent of permanent physical impairment / disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and whom 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	X		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

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

3. Re assessment 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 applicant 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)

Countersigned

(Countersignature and seal of 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)

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

Note: 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”.

Note: The principal rules were published in the Gazette of India vide notification number S.O.908(E), dated the 31<sup>st</sup> December, 1996.