## Form - VI

## Certificate of Disability

## (In cases of multiple disabilities)

[See rule 18(1)]

Recent

size

passport attested

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

					photograph
					(Showing face only) of the person with disability.
Cε	ertificat	e No.			Date:
				son/w	camined Shri/Smt./Kum. ife/daughter of Shri Birth (DD/MM/YY)
		Age years	, male/fema	ale	·
sa (A ph ( di	tisfied  he  nysical  sabilitie ble belo	Ward/Village/S State that: /she is a case of impairment/disal number and date es ticked below, ar	Street, whose, whose Multiple Di pility has e of issue of	Post O photograph sability. His/i been evalua f the guideline	ent resident of House No.  ffice District is affixed above, and am ther extent of permanent ted as per guidelines es to be specified) for the relevant disability in the  Permanent physical
			part of body	_	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.							
_	1.0	Disability						
	13.	Specific Learning						
_	1.4	Disability						
	14.	Autism Spectrum Disorder						
-	15.							
-		Chronic						
	10.	Neurological						
		Conditions						
	17.	Multiple sclerosis						
	18.	Parkinson's						
		disease						
	19.	Haemophilia						
	20.	Thalassemia						
	21.	Sickle Cell disease						
guio In fi	airme deline igures	the light of the ent as per guideles to be specified), is	ines (s as follows percent	number and	d d	ate of i	issue of	the
In w	vords	:					pero	cent
_	his c	ondition is progres ve.	sive/non-pı	rogressive/like	ely t	o improv	∕e/not like	ely 1
3. R	Reasse	essment of disabilit	y is:					
	(i)	not necessary, or						
	(ii)	is recommended/ therefore this certification	after ficate shall l	years oe valid till	 		months,	an
				(D	D)	(MM)	(YY)	
	(a)	e.g. Left/right/	both arms/	legs				
	#	e.g. Single eve	,					

${\mathfrak L}$	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

5. Signature and seal of the Medical Authority.

Name	and	Seal	of	Name	and	Seal	of	Name and Seal of the
Member				Member			Chairperson	

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