

**Form-III**

**Disability Certificate  
(In case of multiple disabilities)  
(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 we have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_ /son/wife/  
daughter of Shri \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_  
(DD) (MM) (YY)

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:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	<b>Both Eyes</b>		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(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 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.

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Name and seal of Member      Name and seal of Member      Name and seal of the Chairperson

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