

**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  
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 am satisfied that he/she is a case  
of \_\_\_\_\_ disability. His/her extent of percentage physical  
impairment/disability has been evaluated as per guidelines (to be specified) and is  
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	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above 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

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

{Countersignature and seal of the 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.