

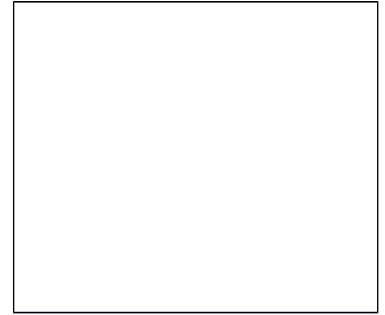
Appendix-III

DISABILITY CERTIFICATE

Certificate No.:

Date:

This is to certify that we have carefully examined Shri. / Smt. / Kum. _____ Son / Daughter/Wife of Shri. _____ Age _____ Registration No. _____ Permanent resident _____ PHOTO _____ Ward / Village / Street _____ Post Office _____ District _____ State _____ whose photograph is affixed above, and are satisfied that:



A) He / She is a case of _____ Disability. His / Her extent 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:

Sl. No	Disability	Affected part of Body	Diagnosis	Permanent Physical impairment / mental disability (in %)
1	Locomotors Disability	@		
2	Low Vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental - illness	X		

B) In the light of the above, his/her overall 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 _____ years.

@ 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 documents as proof of residence:

Nature of Document	Date of issue	Details of authority issuing Certificate

Name & Seal of Member

Name & Seal of Member

Name & Seal of the Chairperson