Form-VII

Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
[See rule 18(1)]

(To be issued by the appropriate notified Medical Authority)
(Name and Address of the Medical Authority issuing the Certificate)

Recent passport 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 (DD/MM/YY) _____Age _____ years, male/female _____.

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 (…… number and date of issue of the 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack victim			
6.	Low vision	#		
7.	Deaf	£		
8.	Hard of Hearing	£		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			

16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(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

Authorized signatory of notified Medical Authority
(Name and Seal)

{Counter signature and seal of the Chief Medical Officer/
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 certificate of disability 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.