Form-VI

Certificate of Disability
(In cases of multiple disabilities)
[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:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, 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.	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.	Intellectual Disability			
13.	Specific Learning			
	Disability			

14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (number and date of issue of the 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
£ 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 Member	Name and Seal of Member	Name and Seal of the Chairperson

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