FORM-V

Certificate of Disability

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport size attested photograph (Showing face only) of the person with disability

Certificate/UDID No. : **Date of Issue:**

This is to certify that I/we have carefully examined ……, Son/Daughter/Care of …….. , Date of Birth ……., Gender ……., Registration No. (UDID Enrolment No.) ……. Resident of …… whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

I. Locomotor Disability
II. Muscular Dystrophy
III. Leprosy Cured
IV. Dwarfism
V. Cerebral Palsy
VI. Acid Attack Victim
VII. Low Vision
VIII. Blindness
IX. Hearing Impairment
X. Speech and Language Disability
XI. Intellectual Disability
XII. Specific Learning Disabilities
XIII. Autism Spectrum Disorder
XIV. Mental Illness
XV. Chronic Neurological Conditions
XVI. Multiple Sclerosis
XVII. Parkinson's Diseases
XVIII. Hemophilia
XIX. Thalassemia
XX. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is ……

(D) He/She has …… % (in figure) …… percent (in words)

disability and the nature of certificate is …… {Permanent / temporary and valid till ..... as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide Notification No. …… dated ……

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:
Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	**Logo of Department of Empowerment of Persons with Disabilities, GoI**	**Logo of Respective State or Union Territory**

(The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines)

FORM - VI
Certificate of Disability
(In case of multiple disabilities)
(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 of Issue:**

This is to certify that we have carefully examined ……,Son/Daughter/Care of …….., Date of Birth …….. , Gender ……., Registration No. (UDID Enrolment No.) …… Resident of …….. whose photograph is affixed above, and we are satisfied that:

(A) He/ She is a case of **Multiple Disabilities.** His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide dated vide Notification No. …… dated ……. for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1	Locomotor disability			
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low vision			
8	Blindness			
9	Hearing Impairment			
10	Speech and Language Disability			
11	Intellectual Disability			
12	Specific Learning Disability			
13	Autism Spectrum disorder			

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
14	Mental illness			
15	Chronic Neurological Conditions			
16	Multiple sclerosis			
17	Parkinson's disease			
18	Hemophilia			
19	Thalassemia			
20	Sickle Cell disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/ She has …… % (in figure) …… percent (in words) overall disability and the nature of certificate is {permanent/ temporary and valid till ……)}

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:

Name and Address of the Medical Authority Issuing the Certificate

(The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines)