

FORM-PwD (II)**Form-II****Disability Certificate**

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

**(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./Kumari _____
_____ 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:

1. he/she is a case of:
 - a. locomotor disability
 - b. blindness(Please tick as applicable)
2. the diagnosis in his/her case is _____
3. He/ She has _____% (in figure) _____percent
(in words) permanent physical impairment/blindness in relation to his/her _____
(part of body) as per guidelines (to be specified).
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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