

**FORM-II****ANNEXURE-9****Disability Certificate****(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)  
(See Rule 4)****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**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./Kum. ....

son/wife/daughter of Shri.....

Date of Birth ..... Age ..... years, Male/Female.....  
(DD/ MM / YY)

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 :

\* Locomotor Disability

\* Blindness (Please tick as applicable)

(B) The diagnosis in his/her case is.....

(A) 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).

2. 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