Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

Recent

size

passport attested

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

					photograph
					(Showing face only) of the person with disability.
Cε	ertificat	e No.			Date:
				son/w	camined Shri/Smt./Kum. ife/daughter of Shri Birth (DD/MM/YY)
		Age years	, male/fema	ale	·
sa (A ph (di	tisfied he nysical sabilitie ble belo	Ward/Village/S State that: /she is a case of impairment/disab number and date es ticked below, ar	Multiple Di bility has e of issue of is shown	Post O photograph sability. His/i been evalua f the guideline	ent resident of House No. office District is affixed above, and am ther extent of permanent ated as per guidelines es to be specified) for the relevant disability in the Permanent physical
			part of body		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					
1.2	Disability Specific Learning					
13	. Specific Learning Disability					
14	. Autism Spectrum					_
'	Disorder					
15	. Mental illness					
16	. Chronic					
	Neurological					
	Conditions					
17	. Multiple sclerosis					
18	. Parkinson's					
	disease					
19	-					
20						
21	. Sickle Cell disease					
impairm guideline In figure In words	the light of the ent as per guideles to be specified), is s:	lines (s as follows percent	number a	and d	ate of	issue of th
impro	ve.	, -		3	1	, 3
	essment of disabilit	y 18.				
(i)	not necessary, or					
(ii)	is recommended/ therefore this certif					
				(DD)	(MM)	(YY)
<u>@</u>	e.g. Left/right/	both arms/	legs			
#	e.g. Single eye					

${\mathfrak L}$	e.g.	Left	/Right	/both	ears
		/	9 1		

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	Name	and	Seal	of	Name and Seal of the
Member				Member			Chairperson	

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