

SAMPLE

**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)

Certificate No:

Date:

This is to certify that I have carefully examined  
Shri/Smt. \_\_\_\_\_ son/wife/daughter  
of Shri/Smt. \_\_\_\_\_ 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 I 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 |
|--------------------|---------------|--|
|                    |               |  |