

CERTIFICATE OF PERSONS WITH DISABILITY (PwD) CATEGORY

Detailed information is available at Ministry of Social Justice and Empowerment, Government of India website: www.socialjustice.nic.in as per RPWD ACT, 2016 as adopted by Syndicate of Panjab University in its meeting dated-28th May, 2017.

Important Note:-

The PwD candidates need to produce **certificates as provided below** of their permanent physical disability. Such PwD candidates should have a minimum **of 40% disability duly certified by the Medical Board of District/State/UT/Medical Institution of National importance** provided that the claimant in this category is otherwise capable to pursue the course for which the admission is sought. After provisional admission, such certificate shall be further verified by the Medical Board of the Panjab University Health Centre.

Formats of Form-I, Form-II, Form-III and Form-IV, for certificate of Persons with Disability (PwD) are given below

Form-I

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSON WITH DISABILITIES

1. Name: (Surname) _____ (First name) _____
(Middle name) _____
2. Father's name: _____ Mother's name: _____
3. Date of Birth: (date) _____ / (month) _____ / (year) _____
4. Age at the time of application: _____ years
5. Sex: _____ Male/Female/Transgender
6. Address:
(a) Permanent address

(b) Current Address (i.e. for communication)

(c) Period since when residing at current address

7. Educational Status (Pl. tick as applicable)
I. Post Graduate
II. Graduate
III. Diploma
IV. Higher Secondary
V. High School
VI. Middle
VII. Primary
VIII. Illiterate
8. Occupation
9. Identification marks (i) _____ (ii) _____
10. Nature of disability: _____
11. Period since when disabled: From Birth/Since year _____
12. (i) Did you ever apply for issue of a disability certificate in the past _____ YES/NO
(ii) If yes, details:
 - a. Authority to whom and district in which applied _____
 - b. Result of application _____
13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)
 - a. ration card,
 - b. voter identity card,
 - c. driving license,
 - d. bank passbook,
 - e. PAN card,
 - f. Passport,
 - g. Telephone, electricity, water and any other utility bill indicating the address of the parents/guardian,
 - h. A certificate of residence issued by a Panchayat, municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Govt. school,
 - i. In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.
 2. Two recent passport size photographs
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(For office use only)

Date:

Place:

Signature of issuing authority

Stamp

(Form-II)

Disability Certificate

**(In cases of amputation or complete permanent paralysis of limbs or dwarfism or
in case of blindness)**

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

Certificate No.

Date:

Recent passport size
Attested Photograph
(showing face only)
of the person with
disability

This is to certify that I have carefully examined Mr./Ms./Mx. _____
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:

(A) He/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) 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 candidate has submitted the following document as proof of residence:-

Nature of Document

Date of Issue

Details of authority issuing certificate

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

Signature and Seal of Authorised Signatory of
Notified Medical Authority)

(Form-III)

Disability Certificate (In case of multiple disabilities)

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

Certificate No.

Date:

Recent pp size
Attested
Photograph
(showing face only)
of the person with
disability

This is to certify that we have carefully examined Mr./Ms./Mx. _____
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 are satisfied that:

(A) He/she is a case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical 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 disability	X		
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness	X		
16.	Chronic Neurological conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

In figures:- _____ percent

In words:- _____ percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary.

Or

(ii) is recommended/after _____ years _____ months, and therefore, this certificate shall be valid till (DD / MM /YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

4. The candidate has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature and seal of the Medical Authority

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

(Form-IV)

Disability Certificate (In cases other than those mentioned in Forms II and III)

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

Certificate No.

Date:

Recent pp size
Attested
Photograph
(showing face only)
of the person with
disability

This is to certify that I have carefully examined Mr./Ms./Mx. _____
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 he/she is a case
of _____ disability. His/her extent of percentage physical impairment/disability
has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in
the table below:-

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	£		
8.	Hard of Hearing	£		
9.	Speech and language disability			
10.	Intellectual disability	X		
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness	X		
14.	Chronic Neurological conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
3. Reassessment of disability is:
(i) not necessary.

Or

is recommended/after _____ years _____ months, and therefore, this certificate shall be valid till (DD / MM /YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

4. The candidate has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
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(Authorised Signatory of notified Medical Authority)
(Name and Seal)

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

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Note: 1. “In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District”