

FORM-IX
(See rule 6)
DISABILITY CERTIFICATE
(In case of other than those mentioned in Forms VII and VIII)
**(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 (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:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low Vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental- illness	X		

(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. Re-assessment of disability is:

(i) not necessary,

OR

(ii) is recommended/after years..... month, 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 applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority which issued the certificate.

(Authorised Signatory of notified Medical Authority)

(Name and seal)

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

Note:- The principal rules were published in the Gazette of India vide notification number S.O 908 (E), dated the 31st December, 1996.