

**FORM-PwD (II)**

**Form-II**

**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)**

**(See rule 4)**

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:

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

(Signature and Seal of Authorised Signatory of notified Medical Authority)

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