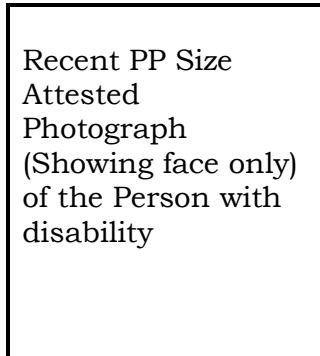


FORM-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism 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/Kum _____ son/ wife/ daughter of

Shri _____ Date of Birth _____ (DD/MM/YYYY)

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 _____

(1) He/She has _____% (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/ her _____
(part of body) as per guidelines (_____ number and date of issue of the guidelines
to be specified).

(2) 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 certificate of disability certificate is issued.