

FORM-VI
Certificate of Disability
(In cases of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport
Size Attested
Photograph
(Showing face
only) of the
Person with
disability

Certificate No.: _____

Date: _____

1. This is to certify that we 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 _____ PostOffice _____

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 (_____ number and date
of issue of the guidelines to be specified) for the disabilities ticked below, and is shown
against the relevant disability in the table below:

S. 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			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
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 (_____ number and date of issue of the 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
£ 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 issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

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