

FORM-VII
Certificate of Disability
(IN CASES OTHER THAN THOSE MENTIONED IN FORMS V AND VI)

(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: _____

1. 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 _____ PostOffice _____

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 (_____ number and date of issue of the guidelines to be specified)

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.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	£		
8.	Hard of Hearing	£		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
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

(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 applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Countersigned

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

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

Note: 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.

Note:

The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.