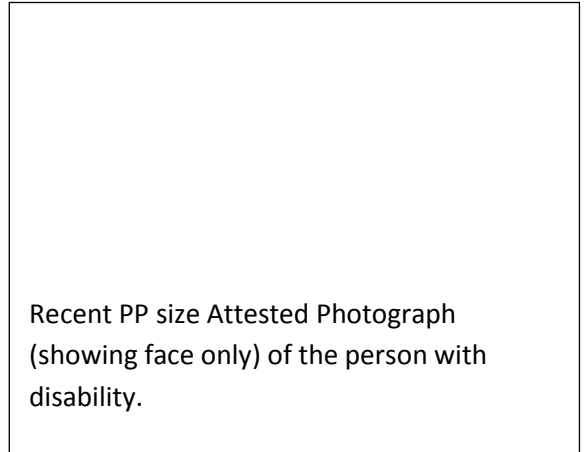


Form – VII
Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(NAME ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

[See rule 18 (1)]



Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt/Kum.....

Son/Wife/Daughter of Shri.....

Date of Birth..... Age.....Years,
(DD / MM / YY)

Male/Female.....

Registration No.

Permanent resident of Housing No.

Ward/Village/Street.....Post office.....

District.....state.....

1. Whose photograph is affixed above, and am satisfied that he/she is a case of.....
.....disability

Has been evaluated as per 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.	Leprosy cured person			
3.	Cerebral palsy			
4.	Dwarfism			
5.	Muscular dystrophy			
6.	Acid attack victims			
7.	Blindness			
8.	Low vision			
9.	Deaf			
10.	Hard of hearing			
11.	Speech and language disability			
12.	Intellectual disability (includes mental retardation)			
13.	Specific learning disabilities			
14.	Autism spectrum disorder			
15.	Mental Illness			
16.	Chronic neurological conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Hemophilia			
20.	Thalassemia			Benchmark Disability
21.	Sickle Cell disease			
22.	Multiple disabilities			

(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.....year.....months, and therefore this certificate shall be valid till.....

(DD / MM / YY)

4. The applicant has submitted the following document as proof of-residence:-

Nature of Document	Date of issue	Details of authority issuing certificate

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

Counter signed

**{Counter signature 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 government Servant (with seal)}**

Signature/Thumb impression of the person, in whose, favour disability certificate 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 counter signed by the Chief Medical Officer of the District”.

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

As per original notification.
Courtesy NTWS & YTA