

FORM-V

(As per RPD Act, 2016)

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

{See Rule 18(1)}

(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 :

This is to certify that I have carefully examined Shri/Smt/Ms.
_____, 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:

- (A) he/she is a case of :
- locomotor disability
 - dwarfism
 - blindness
- (Please tick as applicable)
- (B) the diagnosis in his/her case is _____.
- (C) 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:

Name of Document	Date of Issue	Details of Authority issuing Certificate

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

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