

**FORM-V**

Certificate of Disability

**(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases 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 / 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 Authorized Signatory of notified Medical Authority)

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