REVISED ANNEXURE V(C)

Recent Passport

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)

[See rule 18(1)]

Ce	ertificate	No:		Date:		Size Attested Photograph (Showing face only) of the person	
Shi sor Da Off	ri/Smt./K n/wife/da te of Birt iced I am sa	ertify that I have carefulumughter of Shrih(DD/MM/YYYY)permanent residerDistrictatisfied that he/she is a capairment/disability has be	nt of Ho	Age ye ouse No State	ears, male/fema Ward/Village , whose disability.	lee/Streete e photograph His/her exte	with disabilityRegistration NoPost is affixed above, nt of percentage
		es to be specified) and Disability	is show			he table belo	w:- nanent physical
					Diagnosis	impairment	mental disability (in%
-	1	Locomotor Disability		@			
-	2	Muscular Dystrophy					
F	3	Leprosy cured					
-	4	Cerebral Palsy					
-	5	Acid attack Victim					
F	6	Low Vision		#			
-	7	Deaf		€			
-	8	Hard of Hearing		€			
-	9	Speech and Language disab	oility				
-	10	Intellectual Disability					
-	11	Specific Learning Disability					
-	12	Autism Spectrum Disorder					
-	13	Mental illness					
	14	Chronic Neurological Conditi	ions				
_	15	Multiple Sclerosis					
-	16	Parkinson's Disease					
ŀ	17	Haemophilia					
ŀ	18	Thalassemia	-				
_ בים׳	19	Sickle Cell disease out the disabilities which are r	not onn!:-	aphla)			
The Rea i) no ii) is	e above consisted assessment of the consistence of	ondition is progressive/nor ent of disability is:	mont e.g. Sin	ssive/likely to improve hs, and therefore this gle eye/both eyes; €	certificate shall be e.g. Left/Right/l	e valid till	(DD/MM/YYY
	Nature of Document			Date of Issue	Details of authority issuing certificate		
	•						
					(Authorized S	Signatory of no	otified Medical Autho (Name and S

{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 a Government servant (with seal)}

Countersigned

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.