

**FORM-VII**

(See rule 6)

**DISABILITY CERTIFICATE**

(In case of amputation or complete permanent paralysis of limbs and  
in cases of visual impairment)

**(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:.....

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

- |   |
|---|
| <ul style="list-style-type: none"> <li>1. Locomotor disability</li> <li>2. Low vision</li> <li>3. Visual impairment</li> <li>4. Hearing impairment</li> <li>5. Mental retardation</li> <li>6. Mental illness</li> </ul> |
|---|

(Please tick as applicable)

(B) The diagnosis in his/her case is .....

(1) He/she has ..... % (in figure) .....  
per cent (in words) permanent physical impairment/blindness in relation to his/her  
..... (part of body) as per 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 which issued the certificate

(Signature and seal of authorized signatory of  
notified Medical Authority)

Signature/thumb impression in  
whose favour disability certificate  
is issued is issued.