Annexure–V

Form-V

Disability Certificate

(In case of Single Disability)

[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent passport size photograph (showing face only) of the person with disability

Certificate / UDID No…….

This is to certify that I/we have carefully examined Shri/Smt/Kumari .....…….. Son/Wife /Daughter of Shri ……..……..... Date of Birth…… (DD/MM/YY) Age……. years, male/female/transgender……. Registration No (UDID Enrolment No.)…… resident of ……..……. whose photograph is affixed above, and I am/we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

i. Locomotor disability
ii. Muscular Dystrophy
iii. Leprosy Cured
iv. Dwarfism
v. Cerebral Palsy
vi. Acid Attack Victim
vii. Low Vision
viii. Blindness
ix. Hearing Impairment
x. Speech and Language Disability
xi. Intellectual Disability
xii. Specific Learning Disabilities
xiii. Autism Spectrum Disorder
xiv. Mental Illness
xv. Chronic Neurological Conditions
xvi. Multiple Sclerosis
xvii. Parkinson's Diseases
xviii. Haemophilia
xix. Thalassemia
xx. Sickle Cell Disease

(B) Name of the affected body part:

(C) The diagnosis in his/her case is:

(D) He/she has…….% (in figure)…….percent (in words) disability and the nature of certificate is {Permanent / temporary and valid till (DD/MM/YYYY)} as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the right of Persons with Disabilities Act, 2016 notified by Government of Indian vide …… dated ……

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member (s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory