Annexure–VI

Form-VI
Disability Certificate
(In cases of Multiple Disabilities)
[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/ UDID No. Date of Issue:

This is to certify that we have carefully examined Shri /Smt. / Kumari …… son / wife /daughter …….. of Shri ……. Date of Birth (DD/MM/YYYY), Gender male/female/transgender, Registration No. (UDID Enrolment No.)…… resident of…….. whose photograph is affixed above and we are satisfied that:

(A) He/ She is a case of Multiple Disability. His/her extent of physical impairment/disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disabilities in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide Notification No. …….dated……. for the disability year:

Sl. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor disability			
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision			
8.	Blindness			
9.	Hearing Impairment			
10.	Speech and Language disability			
11.	Intellectual Disability			
12.	Specific learning Disability			
13.	Autism Spectrum Disorder			
14.	Mental illness			
15.	Chronic Neurological Conditions			
16.	Multiple sclerosis			
17.	Parkinson’s disease			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He / She has……% (in figure)…… percent (in words) overall disability and the nature of certificate is {permanent / temporary and valid till (DD/MM/YYYY)}:

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: