## REVISED ANNEXURE V(B)

## FORM-VI

## Certificate of Disability (In cases of multiple disabilities) [See Rule 18(1)] (Name and Address Of The Medical Authority Issuing The Certificate)

Recent passport size attested

| co certify that we have carefully exa /Kum   | Agenanent resident of HoStatewh s/Her extent of permanen                                      | years, Mause Noose photograph  | ale/Female Ward/Villag is affixed abov ment/disability ha fied) for the disal  | e/Streete, and I am satisfied   |
|--|---|--|--|---|
| ion No. pern ce. District. s a case of Multiple Disability. Hi elines (number and own against the relevant disability b. Disability Locomotor Disability Muscular Dystrophy Leprosy cured Dwarfism Cerebral Palsy Acid attack Victim | nanent resident of HoState  | years, Mause No<br>lose photograph<br>t physical impair<br>lines to be speci | nle/Female  Ward/Villag is affixed abov ment/disability ha fied) for the disal | e/Streete, and I am satisfied as been evaluated as bilities ticked below, |
| ion No. pernoceDistrict  | nanent resident of HoState  | use No<br>ose photograph<br>t physical impair<br>lines to be speci           | Ward/Villag is affixed abov ment/disability ha fied) for the disal             | e/Streete, and I am satisfied as been evaluated as bilities ticked below, |
| ion No. pernoceDistrict  | nanent resident of HoState  | use No<br>ose photograph<br>t physical impair<br>lines to be speci           | Ward/Villag is affixed abov ment/disability ha fied) for the disal             | e/Streete, and I am satisfied as been evaluated as bilities ticked below, |
| ceDistrict s a case of Multiple Disability. His lines (number and own against the relevant disability). Disability Locomotor Disability Muscular Dystrophy Leprosy cured Dwarfism Cerebral Palsy Acid attack Victim                  | s/Her extent of permanendate of issue of the guide in the table below:  Affected part of body | ose photograph<br>t physical impair<br>lines to be speci                     | ment/disability hat fied) for the disab  | e, and I am satisfied as been evaluated as bilities ticked below,         |
| s a case of Multiple Disability. Hislines (  | s/Her extent of permanendate of issue of the guide in the table below:  Affected part of body | t physical impair<br>lines to be speci                                       | ment/disability ha   | as been evaluated as bilities ticked below,                               |
| elines (number and own against the relevant disability  Disability  Locomotor Disability  Muscular Dystrophy Leprosy cured  Dwarfism  Cerebral Palsy  Acid attack Victim   | date of issue of the guide in the table below:  Affected part of body                         | lines to be speci  | fied) for the disal  | bilities ticked below,  |
| own against the relevant disability  Disability  Locomotor Disability  Muscular Dystrophy  Leprosy cured  Dwarfism  Cerebral Palsy  Acid attack Victim   | in the table below:  Affected part of body  | •  | Perma  | nent physical   |
| Disability  Locomotor Disability  Muscular Dystrophy  Leprosy cured  Dwarfism  Cerebral Palsy  Acid attack Victim  | Affected part of body   | Diagnosis  |  |   |
| Locomotor Disability  Muscular Dystrophy  Leprosy cured  Dwarfism  Cerebral Palsy  Acid attack Victim  |   | Diagnosis  |  |   |
| Muscular Dystrophy Leprosy cured Dwarfism Cerebral Palsy Acid attack Victim  | @   |  |  | · · · · · · · · · · · · · · · · · · ·                                     |
| Leprosy cured Dwarfism Cerebral Palsy Acid attack Victim   |   |  |  |   |
| Dwarfism Cerebral Palsy Acid attack Victim   |   |  |  |   |
| Cerebral Palsy<br>Acid attack Victim   |   |  |  |   |
| Acid attack Victim   |   |  |  |   |
|  |   |  |  |   |
|  |   |  |  |   |
| Low Vision   | #   |  |  |   |
| Blindness  | #   |  |  |   |
| Deaf   | £   |  |  |   |
| Hard of Hearing  | £   |  |  |   |
| Speech and Language disability   |   |  |  |   |
| Intellectual Disability  |   |  |  |   |
| Specific Learning Disability   |   |  |  |   |
| Autism Spectrum Disorder   |   |  |  |   |
| Mental illness   |   |  |  |   |
| Chronic Neurological Conditions  |   |  |  |   |
| Multiple Sclerosis   |   |  |  |   |
| Parkinson's Disease  |   |  |  |   |
| Haemophilia  |   |  |  |   |
| Thalassemia  |   |  |  |   |
| Sickle Cell disease  |   |  |  |   |
| of the above, his/her over all permane   | ent physical impairment as pe   | er guidelines (  | number and   | d date of issue of the  |
| ,,,,   |   | norcont  |  |   |
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|  | ly to improve/not likely to imp   | rove.  |  |   |
| ecessary, Or   |   |  |  |   |
|  |   | and therefore this   | certificate shall be   | valid till  |
| (DD/MM.  | /YYYY)<br>eve: fealleft/Right/hothe:  | are  |  |   |
|  |   | ais  |  |   |
| Nature of Document   | Date of issue   |  | Details of author  | ity issuing certificate   |
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| and and of the standard and a standard   |   |  |  |   |
| na seal of the Medical Authority:  |   | T  |  |   |
|  |   |  |  |   |
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|  | Name and Seal of Mei  | mber   | Name and Seal  | of the Chairperson  |
| o e e e  | to be specified), is as follows:  | to be specified), is as follows:   | to be specified), is as follows:   | // In words :   |

Signature/Thumb impression of the person in whose favour Certificate of disability is issued