

**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)]

Recent Passport  
 Size  
 Attested  
 Photograph  
 (Showing face  
 only) of the person  
 with disability

Certificate No:.....

Date: .....

1. This is to certify that I have carefully examined  
 Shri/Smt./Kum.....  
 son/wife/daughter of Shri .....  
 Date of Birth(DD/MM/YYYY)..... Age ..... years, male/female ..... Registration No.  
 ..... permanent resident of House No..... Ward/Village/Street..... Post  
 Office..... District..... State ....., whose photograph is affixed above,  
 and I am satisfied that he/she is a case of ..... disability. His/her extent of percentage  
 physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of  
 the guidelines to be specified) and is shown against the relevant disability in the table below:-

SI.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotor Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low Vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple Sclerosis			
16	Parkinson's Disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.  
 3. Reassessment of disability is:  
 (i) not necessary, Or  
 (ii) is recommended/after ..... years ..... months, and therefore this certificate shall be valid till ..... (DD/MM/YYYY)  
 @ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; € e.g. Left/Right/both ears  
 4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)  
 (Name and Seal)

Countersigned  
 {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)}

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.