FORM-PwD (II)

Form-II
Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)

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:

1. he/she is a case of:
   a. locomotor disability
   b. blindness
   (Please tick as applicable)
2. the diagnosis in his/her case is ________________________________________________________________
3. He/ She has_________________% (in figure) ___________________________ percent
   (in words) permanent physical impairment/blindness in relation to his/her _______________________
   (part of body) as per guidelines (to be specified).
4. The applicant has submitted the following document as proof of residence:-

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
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<tbody>
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(Signature and Seal of Authorised Signatory of notified Medical Authority)

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