

FORM-PwD (III)

Form-III Disability Certificate

(In cases of multiple disabilities)

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

(See rule 4)

Recent PP size attested
Photograph (showing
face only) of the person
with disability

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 **Multiple Disability**. His/her extent of permanent physical impairment/
disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below,
and shown against the relevant disability in the table further:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

@ - e.g., Left/Right/both arms/legs# - e.g., Single eye/both eyes

£ - e.g., Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ percent

In words: _____ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

i. not necessary

Or

ii. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____.

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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

FORM-PwD (II)