

**Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India**

Form-V

Disability Certificate

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent
passport size
photograph
(Showing face
only) of the
person with
disability

Certificate/UDID No.

Date of Issue :

This is to certify that I/we have carefully examined , Son/Daughter/Care of , Date of Birth , Gender , Registration No. (UDID Enrolment No.) Resident of whose photograph is affixed above, and I am /we are satisfied that:

(A) He/ She is a case of (Any one of the following disabilities):

- i. Locomotor Disability
- ii. Muscular Dystrophy
- iii. Leprosy Cured
- iv. Dwarfism
- v. Cerebral Palsy
- vi. Acid Attack Victim
- vii. Low Vision
- viii. Blindness
- ix. Hearing Impairment
- x. Speech and Language Disability
- xi. Intellectual Disability
- xii. Specific Learning Disabilities
- xiii. Autism Spectrum Disorder
- xiv. Mental Illness
- xv. Chronic Neurological Conditions
- xvi. Multiple Sclerosis
- xvii. Parkinson's Diseases
- xviii. Haemophilia
- xix. Thalassemia
- xx. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is.....

(D) He/ She has% (in figure)percent (in words) disability and the nature of certificate is {Permanent / temporary and valid till} as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide Notification No..... dated

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:

**Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India**

Form-VI

Disability Certificate

(In case of Multiple Disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size photograph
(Showing face
only) of the
person with
disability

Certificate/UDID No.

Date of Issue:

This is to certify that we have carefully examined, Son/Daughter/Care of, Date of Birth, Gender....., 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 Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide (Notification No)..... dated for the disabilities below:

S. 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			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental Illness			
15.	Chronic Neurological			
16.	Multiple Sclerosis			
17.	Parkinson's Diseases			
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} .

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: