

**Enclosures:**

1. Proof of Identity- Aadhaar Card (Please see **Note** at the end of this Form in case Aadhaar Card is not available.)
2. Proof of Address (As indicated in Para 3(g) above) if it is other than Aadhaar.

**Note (In Reference to Para 2: Proof of Identity):**

If Applicant has Enrolled for Aadhaar but has not got Aadhaar Number till now, mention your Aadhaar Enrollment Number \_\_\_\_\_ and Attach or Upload the Aadhaar Enrollment Slip along with any one of the following documents, namely:-

- I. Bank or Post Office Passbook with Photo; or
- II. Permanent Account Number (PAN) Card; or
- III. Passport; or
- IV. Ration Card; or
- V. Voter Identity Card; or
- VI. Mahatma Gandhi National Rural Employment Guarantee Act Card; or
- VII. Kisan Photo Passbook; or
- VIII. Driving License Issued by the Licensing Authority under Motor Vehicle Act, 1988 (59 of 1988); or
- IX. Certificate of Identity having Photo of such Person Issued by a Gazetted Officer or a Tehsildar on an Official Letter Head; or
- X. Any other Document as Specified by the Department;

<b>Logo of Government of India</b>	<b>Logo of Department of Empowerment of Persons with Disabilities, GoI</b>	<b>Logo of Respective State or Union Territory</b>
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**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
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Certificate/UDID No.

Date of Issue :

This is to certify that I/we have carefully examined <Name of the applicant>, Son/Daughter/Care of < name of father/mother/guardian>, Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender>, Registration No. <UDID Enrolment No.> Resident of < address of PwD> 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 (DD/MM/YYYY) } 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 (DD/MM/YYYY).

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:

<b>Logo of Government of India</b>	<b>Logo of Department of Empowerment of Persons with Disabilities, GoI</b>	<b>Logo of Respective State or Union Territory</b>
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**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)