

**COPY OF CERTIFICATE OF PERSONS WITH DISABILITY (PwD) CATEGORY FOR APPLYING FOR ADMISSION**

(Detailed information is available at Ministry of Social Justice and Empowerment, Government of India website: [www.socialjustice.nic.in](http://www.socialjustice.nic.in) as per PART-II Section 3, subsection (i) Notification as amended on 30th December, 2009 for persons with disability (Equal Opportunities and full participation Rules, 1996) (Copies of Form-I, Form-II, Form-III and Form-IV, attached).

**Form-I  
APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS  
WITH DISABILITIES**

1. Name: (Surname)\_\_\_\_\_ (First name)\_\_\_\_\_  
(Middle name) \_\_\_\_\_
2. Father's name:\_\_\_\_\_ Mother's name:\_\_\_\_\_
3. Date of Birth: (date) \_\_\_\_/ (month) \_\_\_\_ / (year) \_\_\_\_\_
4. Age at the time of application: \_\_\_\_\_ years
5. Sex: \_\_\_\_\_ Male/Female/Transgender
6. Address:
  - (a) Permanent address  
\_\_\_\_\_  
\_\_\_\_\_
  - (b) Current Address (i.e. for communication)  
\_\_\_\_\_  
\_\_\_\_\_
  - (c) Period since when residing at current address  
\_\_\_\_\_  
\_\_\_\_\_
7. Educational Status (Pl. tick as applicable)
  - I. Post Graduate
  - II. Graduate
  - III. Diploma
  - IV. Higher Secondary
  - V. High School
  - VI. Middle
  - VII. Primary
  - VIII. Non-literate
8. Occupation \_\_\_\_\_
9. Identification marks (i)\_\_\_\_\_ (ii) \_\_\_\_\_
10. Nature of disability: \_\_\_\_\_
11. Period since when disabled: From Birth/Since year \_\_\_\_\_
12. (i) Did you ever apply for issue of a disability certificate in the past\_\_\_\_YES/NO  
(ii) If yes, details:
  - a. Authority to whom and district in which applied  
\_\_\_\_\_
  - b. Result of application \_\_\_\_\_
13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

\_\_\_\_\_  
(Signature or left thumb impression of person with disability,  
or of his/her legal guardian in case of persons with mental  
retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)
  - a. ration card,
  - b. voter identity card,
  - c. driving license,
  - d. bank passbook,
  - e. PAN card,
  - f. Passport,
  - g. Telephone, electricity, water and any other utility bill indicating the address of the Parent / Guardian.

- h. A certificate of residence issued by a Panchayat, municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Govt. school,
  - i. In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.
4. Two recent passport size photographs

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**(For office use only)**

Date:

Place:

Signature of issuing authority  
Stamp

Form-IV

**Certificate of Disability**  
**(In cases other than those mentioned in Forms II and III)**

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

**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 he/she is a case of \_\_\_\_\_ disability. His/her  
extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the  
relevant disability in the table below:-

| Sr. 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         | X                     |           |                                                        |
| 11.     | Specific Learning Disability    |                       |           |                                                        |
| 12.     | Autism Spectrum Disability      |                       |           |                                                        |
| 13.     | Mental-illness                  | X                     |           |                                                        |
| 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 /YY) \_\_\_\_\_

@ - 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**

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/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  
disability certificate is issued

**Note: 1.** "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"

**Form-V**  
**(intimation of rejection of Application for Certificate of Disability)**

No. \_\_\_\_\_

Dated \_\_\_\_\_

To

(Name and address of applicant  
For Certificate of Disability)

**Sub: Rejection of Application for Certificate of Disability**

Sir/Madam,

Please refer to your application dated \_\_\_\_\_ for issue of a Certificate of Disability for the following disability:

\_\_\_\_\_

2. Pursuant to the above application, you have been examined by the undersigned / Medical Authority on \_\_\_\_\_, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a Certificate of Disability in your favour:-

- (i)
- (ii)
- (iii)

3. In case you are aggrieved by the rejection of your application, you may represent to \_\_\_\_\_, requesting for review of this decision.

Yours faithfully,

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

**Certificate for candidates applying under the reserved category for Cancer / Thalassemia / AIDS**

**DETAILED ADDRESS OF ISSUING PHYSICIAN AND HOSPITAL  
(Mention serial number and date with phone number and address)**

Photograph to be  
attested by the  
Physician

This is to certify that Ms. / Mr. \_\_\_\_\_ (Name of the student), Date of Birth: \_\_\_\_\_ C.R./OPD No. \_\_\_\_\_ D/o / S/o \_\_\_\_\_ (Mother's / Father's Name), resident of \_\_\_\_\_ (complete address), is a diagnosed case of \_\_\_\_\_ (Cancer / Thalassemia / AIDS)\*. She/he is undergoing treatment for the same under my care.

\_\_\_\_\_  
(Signature of the Patient)

Attested

\_\_\_\_\_  
(Signature of the Physician)

Name and address of the Physician \_\_\_\_\_  
\_\_\_\_\_

Stamp of the Physician

\* Strike out whichever is not applicable.