



GOVERNMENT MEDICAL COLLEGE & HOSPITAL,
SECTOR-32, CHANDIGARH-160030

DISABILITY CERTIFICATE

No. GMCH/DIS.CELL/2019/

Dated:

This is to certify that I have carefully examined _____ S/o of _____ date of birth (_____), age about __ years, Female/ Male, Registration No. _____ Permanent resident of _____, Pin Code _____ whose photograph is affixed above. He has been evaluated as per guidelines based on the manual compiled by Ministry of Social Justice & Empowerment (Govt. of India) 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.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack victim			
7.	Low vision			
8.	Blindness			
9.	Deaf			
10.	Hard of Hearing			
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental Illness			
16.	Chronic Neurological Conditions			
17.	Multiple Sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell Disease			

Total Disability:

In figures :percent

In Words :percent

1. The above conditions progressive/non-progressive/likely to improve/not likely to improve.
2. Reassessment of disability is
 - (i) not necessary, Or
 - (ii) is recommended/after _____ years and therefore this certificate shall be valid till DD/MM/YY)_____

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

Name of the Document	Date of Issue	Details of authority issuing certificate
		Unique Identification Authority o India

Signature/Thumb impression of patient	
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Countersigned

Expert Member

Medical Superintendent
Issuing Authority

