



Form – VI
Certificate of Disability
(in case of multiple disability)
(see rule 18(1))

GOVERNMENT MEDICAL COLLEGE HOSPITAL, SECTOR -32, CHANDIGARH

Certificate No.....

Date.....

Photograph

This is to certify that we have carefully examined Shri/Smt/Kum. _____
son/wife/daughter of Shri _____ Date of Birth (DD/MM/YY) _____
Age ____ years, male/female, CR No. _____ permanent resident of
House No. _____ Ward/Village/Street _____ Post Office
_____ District _____ State _____ whose
photograph is affixed.

(A) He/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines 61 **dt.05 January,2018** for the disabilities ticked below, 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			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines No. 61 dt.05 January,2018 (number and date of the issue of the guidelines to be specified), is as follows :-

In figures :percent

In Words :percent

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

3. Re-assessment of disability is:

(i) not necessary/ is recommended/after years months and therefore this Certificate shall be valid till

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

Name of document	Date of issue	Details of authority issuing certificate

5. Signature and seal Medical Authority

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

Signature/ Thumb impression
In whose favour disability certificate is issued