



GOVERNMENT OF SIKKIM
SOCIAL JUSTICE EMPOWERMENT AND WELFARE DEPARTMENT

(In pursuance of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participants Amendment Rules, 2011)

DISABILITY CERTIFICATE

(Form – II)

(In case of amputation or complete permanent paralysis of limbs and in case of blindness)

(See rule 4)

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

Recent PP size
attested
photographs
(showing face
only) of the
persons with
disability)

Certificate No.....

This is to certify that I have carefully examined Shri/Smt/Kum/.....

.....son/wife/daughter of Shri.....

Date of Birth.....Male/Female.....
(DD/MM/YY)

Registration No.....Ward/Village/Street.....

Post Office..... District.....State.....

Whose photographs is affixed above, and am satisfied that:

(A) he/she is a case of:

• **LOCOMOTOR DISABILITY**

• **BLINDNESS**

(B) the diagnosis in his/her case is

(A) He/She has% (in figure).....Percent (in words)

Permanent Physical impairment blindness in relation to his/her.....

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

Sl.No	Name of Document	Date of Issue	Details of authority Issuing Certificate

Signature/Thump
Impression of the
Persons in whose
favour disability
certificate is issued

(Signature and Seal of Authorized Signatory of
Notified Medical Authority)