



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)

(Form – III)

DISABILITY CERTIFICATE

(In case of multiple disabilities)

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

(See rule 4)

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.....(DD/MM/YY) Male/Female.....

Registration No.....Permanent resident of House No.....

Ward/Village/Street.....Post Office.....District.....

State.....Whose photographs is affixed above, and am satisfied that:

(A) He/She is a Case of Multiple Disability. His/her extent of permanent Physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:-

Table with 5 columns: Sl.no, Disability, Affected part of body, Diagnosis, Permanent Physical impairment/mental disability (in%). Rows include Locomotor disability, Low Vision, Blindness (Both Eyes), Hearing Impairment, Mental retardation, and Mental Illness.

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:

In figure:-.....percent

In words.....percent

2. The condition is progressive/non-progressive/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

3. The applicant has submitted the following documents as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

4. Signature and seal of the Medical Authority.

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Name and seal of Chairperson

Name and seal of Member

Name and seal of the Member

Signature/Thumb
impression of the
Person in whose
favour disability
Certificate is issued