



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 – IV
DISABILITY CERTIFICATE
(In case other than those mentioned in Form II and III)
(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 we have carefully examined Shri/Smt/Kum.....

Son/wife/daughter of Shri.....Date of Birth.....(DDMMYY)

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:-

Sl. no	Disability	Affected part of body	Diagnosis	Permanent Physical impairment/mental disability (in%)
1	Locomotor disability			
2	Low Vision			
3	Blindness	Both Eyes		
4	Hearing Impairment			
5	Mental retardation			
6	Mental Illness			

(Please strike out the disabilities which are not applicable.)

2. The above 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

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

Nature of document	Date of issue	Details of authority issuing certificate

Countersigned

Notified Countersigned and seal of the CMO/medical Superintendent/Head of Government Hospital, case the certificate is issued by a medical authority who is not government servant (with seal)

(Signature and seal of Authorized Signatory of Medical Authority) Name and Seal

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

Note: 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.

Note: The principle rules were published in the gazette of India vide Notification Number S.O.908(E) dated the 13th December,1996