

**Annexure-2**

**Certificate of Disability (Disability).**

**(In case of Lifetime Family Pension to disabled child of Govt./Retired Servant)**

**Name and address of the medical authority issuing the certificate**

Passport size attested recent face photograph of a person with disability.
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Certificate no.: .....

Date: .....

1. It is hereby certified that Mr./Ms/Kumar/Kumari ..... who is the Son/daughter/Spouse of ..... has carefully examined. His/Her date of birth is ....., Age is ..... years, gender is ..... His hospital registration number is ..... and permanent residence is house no. .... ward/village/faliyu/.....post office ..... district .....State ..... His photo is attached above. It is hereby certified that

(A) It is a ..... (disability) case as stated below as per the assessment guidelines for Physical/Mental Impairment/Proportion of Disability.

No.	Disability as per the rights of Persons with Disabilities act 2016	Affected part of the body	Diagnosis/Assessment Score	Physical Impairment/Mental Disability (in percentage)
1				In Digit: In words:

(B) Relative to the above information , his/her.....(Name of part of Body ) based on the directive has ..... % in words ..... physical impairment/visual impairment.

2. The disability is congenital/before the age of 25 years/or from ..... years. There is no possibility of improvement/There is possibility of improvement.

3. Re-evaluation of disability is recommended after ..... years

4. Therefore this certificate shall be valid for three years i.e. from ..... to ..... or the time mentioned in sequence no-3 whichever is earlier.

5. A disabled person holding this certificate is not able to earn his livelihood due to his disability.

6. The applicant has submitted the following certificate as proof of residence.

Type of certificate	Date of issuing certificate	Details of Certifying Authority

7. Signature-Details of Specified Medical Authority

Name and stamp of member	Name and stamp of member	Name and stamp of Chairperson

Signature/fingerprint of the person in whose name the disability certificate is issued
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