

Form -VI

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES

[See rule 34 (1)]

1. Name : -----
(Surname) (First name) (Middle name)

2. Father's Name ----- Mother's Name-----

3. Date of Birth -----/-----/
(Date) (Month) (Year)

4. Age at the time of application :- -----Years.

5. Sex : Male/Female

6. Address :

(a) Permanent address :

b)Current address

(i.e for correspondence)

Village ----- Post Office ----- Village ----- Post Office-----

Tehsil -----District ----- Tehsil ----- District -----

(C) Period since when residing at present

address -----

7. Education Status : (please tick as applicable)

(i) Post Graduate

(ii) Graduate

(iii) Diploma

(iv) Higher Secondary

(v) Middle

(vi) Primary

(vii) Illiterate.

8. Occupation : -----

9. Identification marks (i) ----- (ii) -----

10. Nature of disability ; Locomotor/ Hearing / Visual / Mental/ Others.

11. Period since when disabled : From birth / since year -----

12. (i) Did you ever apply for issue of a disability certificate in the past : Yes/No

(ii) If yes, details :

(a) Authority to whom and district in which applied -----

(b) Result of application -----

13. Have you ever been issued disability certificate In the past ? If yes, please enclose a true copy.

I here declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in my application, I shall be liable to forfeiture of any benefit derived and other action as per law.

Date :

Place

(Signature or thumb impression of applicant or his/ her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities.)

Document to be attached

(a) Proof of residence (please tick as applicable)

(i) Ration Card,

- (ii) Voter Identity Card/ Adhar Card
- (iii) Driving License,
- (iv) Bank Passbook,
- (v) PAN Card,
- (vi) Passport,
- (vii) Telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (viii) A certificate of residence issued by a Panchayat, Municipality , cantonment board, any gazette officer, or the concerned Patwari or Head Master of Govt. school,
- (ix) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc. a certificate from the head of such institution.

(b) Two recent passport size photograph

(For official use only)

Dated :
authority

Signature of issuing

Place :

Stemp

FORM - VII

[See rule 35]

Disability Certificate

(In cases of a amputation or complete permanent paralysis of lombs and in cases of blindness)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY

ISSUING THE CAERTIFICATE -----

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

Certificate No. ----- Dte : -----

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

Son/ Wife/ daughter of Shri ----- Date of Birth DD/MM/YY

Age ----- years, male/ female -----

Permanent resident of House No. ----- Ward/ Village/Street -----

Post Office ----- District ----- State -----

Whose photograph is affixed above, and am satisfied that :

(1) He/ She is a case of :

- Locomotor Disability
- Blindness

(Please tick as applicable)

(2) the diagnosis in his/ her case is -----

- (3) He/ She has ----- % (in figure) -----Percent
 in words) permanent physical impairment/ blindness in relation to his/ her ----- (part of body) as per guidelines of the persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) ACT, 1995 ----- (to be specified)
- (4) The applicant has submitted the following document as proof of residence :-

Nature of Document	Date of issue	Details of authority issuing certificate

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

Signature/Thumb impression of the person in whose favour disability certificate is issued

[See rule 35 (1)]

Disability Certificate

(In case of multiple disabilities)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING

THE CERTIFICATE -----

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

Certificate
Date -----

No.-----

This to certificate that We have carefully examined Shri/Smt./ Kum -----
Son/daughter of Shri -----Date of birth DD/MM/YY
Age----- years, male/female -----

Permanent resident of Hous No. ----- Ward/Village/Street -----

Post Office ----- District -----State-----

Whose photograph is affixed above, and are satisfied that :

(2) He/ She ios a casew Multiple Disability. His / her extent of permanent physical impairment/ disability
has been evaluated as per guidelines (to be specified) -----

for the disability ticked below , and shown against the relevant disability in the table below :-

Sr. No.	Disability	Affected part of	Diagnosis	Permanent /
---------	------------	------------------	-----------	-------------

		Body		Physical impairment / mental disability (in%)
1.	Locomotor disability	@		
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing impairment	£		
5.	Mental retardation	×		
6.	Mental illness	×		

(3) In the light of the above, his/her overall permanent physical impairment as per -----

guidelines is as follows :-

In figures ----- percent

In words ----- Per cent

(4) The above condition is progressive/ non progressive/ likely to improve/ not likely to improve.

(5) Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after ----- year----- months, therefore, this
certificate shall be valid till -----

(Day)

(Month)

(Year)

@-e.g. Left/Right/both arms/ legs

#-e.g. Single eye/ both eyes

£ - e.g. Left / Right/both ears

(6) The applicant has submitted the following document as proof of residence :-

Nature of Document	Date of issue	Details of authority issuing certificate

(7) Signature and seal of Medical Authority

--	--	--

Name and seal of Member

Name and Seal of member

Name and seal of

the chairperson

Signature/Thumb
impression of the
person in whose
favour disability
certificate is issued .

Form -IX

[See rule 35 (1)]

Disability Certificate

(In cases other than mentioned in Forms VII and VIII)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING

THE CERTIFICATE -----

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

Certificate No.-----

Date-----

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

Son/ daughter of Shri ----- Date of birth -----

Age ----- years, male/female -----

Permanent resident of Hous No. ----- Ward / Village/Street -----

Post Office ----- District ----- State-----

Whose photograph is affixed above, and am satisfied that he/ she is a case of disability has been evaluated as per guideline (to be specified)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.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing impairment	£		
5.	Mental retardation	×		
6.	Mental illness	×		

(Please strick out the disabilities which are not applicable)

(2) The above condition is progressive/ non -progressive/ likely to improve/ not likely to imparove.

(3) Reassessment of disability is :

(iii) not necessary,

Or

(iv) is recommended/ after ----- year----- -- months, 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

(Authorized Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
Countersignature and seal of the CMO/Medical
Superintendent/ Head of Government Hospital, in cases
the certificate is issued by the medical authority or is issued by a
medical authority who is not a government servant (with 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.”

Form -X

[See rule 35 (8)]

Intimation of Rejection of Application for Disability

No. -----

Dated -----

To

Sub :

Rejection of Application for Disability Certificate .

Sir/Madam,

Please refer to your application dated ----- for issue of Disability Certificate for the following disability :

2. Pursuant to the above application, you have been examined by the undersigned/ medical board on -----, and I regret to inform you that due to the reasons mentioned below, it is not possible to issue a certificate In your favour :

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to ----- (Appellate Medical Authority), requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of notified medical authority)

(Name and seal)

By order

Principal Secretary (SJ&E) to the
Government of Himachal Pradesh

APPLICATION FOR OBTAINING MEDICAL CERTIFICATE OF FITNESS FOR DRIVING LICENSE .

1. Name : -----
(Surname) (First name) (Middle name)

2. Father's Name ----- Mother's Name-----

3. Date of Birth -----/-----/
(Date) (Month) (Year)

4. Age at the time of application :- -----Years.

5. Sex : Male/Female

6. Address :

(a) Permanent address :

b) Current address

(i.e for correspondence)

Village ----- Post Office ----- Village ----- Post Office-----

Tehsil ----- District ----- Tehsil ----- District -----

(C) Period since when residing at present

address -----

7. Education Status : (please tick as applicable)

(i) Post Graduate

(ii) Graduate

(iii) Diploma

(iv) Higher Secondary

(v) Middle

(vi) Primary

(vii) Illiterate.

8. Occupation : -----

9. Identification marks (i) ----- (ii) -----

Authority to whom and district in which applied -----

I here declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in my application, I shall be liable to forfeiture of any benefit derived and other action as per law.

Date :

(Signature of applicant

Place

Document to be attached

(b) Proof of residence (please tick as applicable)

(x) Ration Card,

(xi) Voter Identity Card/ Adhar Card

(xii) Driving License,

(xiii) Bank Passbook,

(xiv) PAN Card,

(xv) Passport,

(xvi) Telephone, electricity, water and any other utility bill indicating the address of the applicant,

(xvii) A certificate of residence issued by a Panchayat, Municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of Govt. school,

(xviii) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc. a certificate from the head of such institution.

(b) Three recent passport size photograph _____

(For official use only)

Dated :

Signature of issuing authority

Place :

Stamp

APPLICATION FOR OBTAINING MEDICAL CERTIFICATE FOR SERVICE ENTRY .

1. Name : -----
(Surname) (First name) (Middle name)

2. Father's Name ----- Mother's Name-----

3. Date of Birth ----- / ----- / -----
(Date) (Month) (Year)

4. Age at the time of application :- -----Years.

5. Sex : Male/Female

6. Address :

(a) Permanent address :

b)Current address

(i.e for correspondence)

Village ----- Post Office ----- Village ----- Post Office-----

Tehsil -----District ----- Tehsil ----- District -----

(C) Period since when residing at present

address -----

7. Education Status : (please tick as applicable)

(i) Post Graduate

(ii) Graduate

(iii) Diploma

(iv) Higher Secondary

(v) Middle

(vi) Primary

(vii) Illiterate.

8. Occupation : -----

9. Identification marks (i) ----- (ii) -----

Authority to whom and district in which applied -----

I here declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in my application, I shall be liable to forfeiture of any benefit derived and other action as per law.

Date : (Signature of applicant

Place

Document to be attached

(c) Proof of residence (please tick as applicable)

(xix) Ration Card,

(xx) Voter Identity Card/ Adhar Card

(xxi) Driving License,

(xxii) Bank Passbook,

(xxiii) PAN Card,

(xxiv) Passport,

(xxv) Telephone, electricity, water and any other utility bill indicating the address of the applicant,

(xxvi) A certificate of residence issued by a Panchayat, Municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of Govt. school,

(xxvii) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc. a certificate from the head of such institution.

(b) Three recent passport size photograph

(For official use only)

Dated :

Place :

Signature of issuing authority

Stamp

APPLICATION FOR OBTAINING BIRTH CERTIFICATE .

1. Name : -----
(Surname) (First name) (Middle name)

2. Father's Name ----- Mother's Name-----

3. Date of Birth -----/-----/
(Date) (Month) (Year)

4. Age at the time of application :- -----Years.

5. Sex : Male/Female

6. Address :

(a) Permanent address :

b)Current address

(i.e for correspondence)

Village ----- Post Office ----- Village ----- Post Office-----

Tehsil -----District ----- Tehsil ----- District -----

(C) Period since when residing at present

address -----

7. Education Status : (please tick as applicable)

(i) Post Graduate

(ii) Graduate

(iii) Diploma

(iv) Higher Secondary

- (v) Middle
- (vi) Primary
- (vii) Illiterate.
8. Occupation : -----
9. Identification marks (i) ----- (ii) -----
- Authority to whom and district in which applied -----

I here declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in my application, I shall be liable to forfeiture of any benefit derived and other action as per law.

Date : (Signature of applicant)
Place

Document to be attached

- (d) Proof of residence (please tick as applicable)
- (xxviii) Ration Card,
- (xxix) Voter Identity Card/ Adhar Card
- (xxx) Driving License,
- (xxxi) Bank Passbook,
- (xxxii) PAN Card,
- (xxxiii) Passport,
- (xxxiv) Telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (xxxv) A certificate of residence issued by a Panchayat, Municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of Govt. school,
- (xxxvi) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc. a certificate from the head of such institution.

(b) Three recent passport size photograph _____

(For official use only)

Dated :
Place :

Signature of issuing authority
Stamp

APPLICATION FOR OBTAINING DEATH CERTIFICATE .

1. Name : -----
(Surname) (First name) (Middle name)

2. Father's Name ----- Mother's Name-----

3. Date of Birth -----/-----/
(Date) (Month) (Year)

4. Age at the time of application :- -----Years.

5. Sex : Male/Female

6. Address :

(a) Permanent address :

b)Current address

(i.e for correspondence)

Village ----- Post Office ----- Village ----- Post Office-----

Tehsil -----District ----- Tehsil ----- District -----

(C) Period since when residing at present

address -----

7. Education Status : (please tick as applicable)

(i) Post Graduate

(ii) Graduate

(iii) Diploma

(iv) Higher Secondary

(v) Middle

(vi) Primary

(vii) Illiterate.

8. Occupation : -----

9. Identification marks (i) ----- (ii) -----

Authority to whom and district in which applied -----

I here declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in my application, I shall be liable to forfeiture of any benefit derived and other action as per law.

Date :

(Signature of applicant

Place

Document to be attached

(e) Proof of residence (please tick as applicable)

(xxxvii) Ration Card,

(xxxviii) Voter Identity Card/ Adhar Card

(xxxix) Driving License,

(xl) Bank Passbook,

(xli) PAN Card,

(xlii) Passport,

(xliii) Telephone, electricity, water and any other utility bill indicating the address of the applicant,

(xliv) A certificate of residence issued by a Panchayat, Municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of Govt. school,

(xlv) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc. a certificate from the head of such institution.

(b) Three recent passport size photograph

(For official use only)

Dated :

Signature of issuing authority

Place :

Stamp

APPLICATION FOR OBTAINING FIRST AID CERTIFICATE .

1. Name : ----- (Surname) ----- (First name) ----- (Middle name)

2. Father's Name ----- Mother's Name-----

3. Date of Birth -----/-----/-----
(Date) (Month) (Year)

4. Age at the time of application :- -----Years.

5. Sex : Male/Female

6. Address :

(a) Permanent address :

b)Current address

(i.e for correspondence)

Village ----- Post Office ----- Village ----- Post Office-----

Tehsil -----District ----- Tehsil ----- District -----

(C) Period since when residing at present

address -----

7. Education Status : (please tick as applicable)

(i) Post Graduate

(ii) Graduate

(iii) Diploma

(iv) Higher Secondary

- (v) Middle
(vi) Primary
(vii) Illiterate.
8. Occupation : -----
9. Identification marks (i) ----- (ii) -----
Authority to whom and district in which applied -----

I here declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in my application, I shall be liable to forfeiture of any benefit derived and other action as per law.

Date : (Signature of applicant)
Place

Document to be attached

- (f) Proof of residence (please tick as applicable)
(xlv) Ration Card,
(xlvi) Voter Identity Card/ Adhar Card
(xlvii) Driving License,
(xlviii) Bank Passbook,
(l) PAN Card,
(li) Passport,
(lii) Telephone, electricity, water and any other utility bill indicating the address of the applicant,
(liii) A certificate of residence issued by a Panchayat, Municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of Govt. school,
(liv) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc. a certificate from the head of such institution.

(b) Three recent passport size photograph _____

(For official use only)

Dated :
Place :

Signature of issuing authority
Stamp

