

**ANNEXURE – A**

**Form – I**  
**APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY**  
**PERSONS WITH DISABILITIES**  
**(see rule 3)**

To,

**The Superintendent,**

..... Medical College & Hospital, .....

**Joint Director of Health Services,**

.....District.

Sir,

I have the honour to request you to issue me a disability certificate. My bio-data are given below for favour of your information and necessary action.

1. Name .....  
(in Block letter) (Surname) (first Name) (Middle name)
2. Father's Name : ..... Mother's Name: .....  
Husband's Name: .....
3. Date of Birth : ...../...../.....  
DD / MM / YYYY
4. Age at the time of application : ..... years (enclose birth / HSLC certificate)
5. Sex: Male/female
6. Permanent Address : .....  
(b) Current Address (i.e. for communication) .....  
(c) Period since when residing at Current Address .....
7. Education Status (Pl. tick as applicable)  
Post Graduate/ Graduate/ Diploma Higher Secondary/ High School/ Middle Primary /  
Primary/ Illiterate.
8. Occupation : .....
9. Identification marks (i) .....  
(ii) .....
10. Nature of Disability : Visual/ Hearing/ Locomotor/ 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 a disability certificate in the past ? if yes, please enclose a true copy.

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

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

Date : ...../...../.....

Place : .....

Enclosed:

1. Proof of residence (Please enclose a copy of any one of the following documents)

- a) Ration Card
- b) Voter Identity Card
- c) Driving License
- d) Bank Passbook
- e) PAN Card
- f) Passport
- g) Telephone, Electricity, water and any other utility bill indicating the address of applicant
- h) A certificate of Residence issued by a Panchayat, Municipality, Cantonment Board, any Gazetted Officer or the concerned Patwari or Head Master of a Govt. School
- i) In case of any inmate of a residential institution for persons with disabilities, destitute, mentally ill etc. a certificate of residence from the head of such institution.

2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing Authority  
(Stamp)