

Pro forma – F3*To be issued on the **Letter Head** of the concerned office***(For Persons with Disability Candidates)**

(In cases of amputation or complete permanent paralysis of limbs or Dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

Certificate No.

Date:

Recent Passport Size
Attested Photograph
(Showing Face Only)
of the person with
disability.

This is to certify that I have carefully examined Shri/Smt./Kum/.....
 Son/wife/Daughter of Shri.....
 Date of Birth (dd/mm/yyyy)..... Age
 Years, male/female..... Registration No. permanent resident of
 House No..... Ward/ Village/ Street Post Office.....
 District..... State....., whose photograph is affixed above,
 and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is

1. he/ she has % (in figure) percent (in words) permanent locomotor disability/ dwarfism/ blindness in relation to his/her.....(part of body) as per guidelines (..... number and date of issue of the guidelines to be specified).
2. 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 Authorised
Signatory of notified Medical Authority)Signature/thumb impression of the
person in whose favour certificate of
disability is issued