

**APPLICATION FORM FOR OBTAINING DISABILITY CERTIFICATE
IDENTITY CARD/PASS BOOK FOR PERSONS WITH DISABILITY**

Registration No.

Date

Part (A) Detail Particulars of the Applicant

**Photo
(2 Pass Port &
2 Stamp Size)**

1. Name (in block letters)

2. Father Mother Husband Guardian's name

3. Date of Birth Age 4. Sex 5 Marital Status

6. Address.
a) Permanent Address

b) Address for Communication

7. Educational Status 8. Family Income

9. Occupation of Applicant

10. Registration in Employment Exchange,

a) Registration No Dated b) Name of Exchange

11. Identification mark 12. Blood Group

Signature/Thumb impression of
Applicant or legal Guardian for person with
MR/Autism/ CP & Multiple Disability

Part (B) Details of Assessment
(For use of the Medical Board)

i). Locomotor Disability (LD)

1. The case of the applicant is
2. Nature of Disability
- in relation to his/her.....
3. Degree/Percentage of disability.....
4. His/her condition is progressive/non-progressive/likely to improve/not likely to improve
5. Re-assessment is not recommended/is recommended after a period ofmonth/year

Signature of Specialist/Doctor
(Seal)

ii) Hearing Impairment (HI)

1. The case of the applicant is
2. Nature of Disability
in relation to his/her.....
3. Degree/Percentage of disability.....
4. His/ her condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
5. Re-assessment is not recommended/is recommended after a period of month/year

Signature of Specialist/Doctor
(Seal)

iii) Visual Impairment (VI)

1. The case of the applicant is
2. Nature of Disability
in relation to his/her.....
3. Degree/Percentage of disability.....
4. His/ her condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
5. Re-assessment is not recommended/is recommended after a period of month/
year

Signature of Specialist/Doctor
(Seal)

iv) Mental Retardation/Mental Illness (MR/MI)

1. The case of the applicant is
2. Nature of Disability
in relation to his/her.....
3. Degree/Percentage of disability.....
4. His/ her condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
5. Re-assessment is not recommended/ is recommended after a period of..... month/year

Signature of Specialist/Doctor
(Seal)

PSYCHOLOGICAL ASSESSMENT REPORT

- 1. Date of Assessment:- 2. Date of Birth.....3. Age.....
- 4. Sex 5. Test Administered.....
- 6. I.Q Score/Disability Score
- 7. Level of Disability
- 8. Degree/Percentage of disability
- 9. Remarks :-

(Signature of the Psychologist)
(Seal)

V) Multiple Disabilities

- 1. The case of the applicant is
- 2. Nature of Disability
in relation to his/her
- 3. Degree/ Percentage of disability.....

Calculation for the total percentage of MD :- $\frac{a+b (90-a)}{90}$