

Disability certificate form –IV
(In case other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat)

Certificate No.:

Date:



This is to certify that I have carefully examined

Shri/Smt./Kum. _____

Son/wife/daughter of Shri _____

Date of Birth (DD/MM/YYYY) _____ Age _____ Gender _____

Registration No. _____

Address: _____

Whose photograph is affixed above, and am satisfied that he/she is a case of

_____ Disability

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and shown against the relevant disability in the table below.

Sr No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment/ mental disability in(%)

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

3. Reassessment of Disability is _____

4. The applicant has submitted the following document as proof of residence:-

Name of Document	Date of Issue	Details of authority issuing certificate

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable forfeiture of any benefits derived and other action as per law.

Signature /Thumb impression in whose favour disability certificate is issued

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

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a authority who is not a government servant (with seal)}

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 Chief Medical Officer of District”.

Note: The principal rules were published in the Gazztte of India vide notification number S.O.908 € dated the 31st December, 1996

Certificate Issuing Doctor	Certificate Issuing Facility