

ANNEXURE TO CORRIGENDUM NOTICE (Advt. No. RECT-02/2026)

**Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment, Government of India
Form-V**

**DISABILITY CERTIFICATE
(In case of Single Disability)**

[See rule 18(1) of the Rights of Persons with Disabilities (Amendment) Rules, 2024]

(Name and Address of the Medical Authority Issuing the Certificate) _____ Certificate / UDID No.: _____ Date of Issue: _____	Recent passport size photograph (showing face only) of the person with disability
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This is to certify that I / we have carefully examined

_____ [Name of the applicant], Son / Daughter /
Care of _____ [Name of father/ mother/
guardian], Date of Birth (DD/MM/YYYY): ____ / ____ / _____, Gender: [] Male [] Female
[] Transgender, Registration No. / UDID Enrolment No.:
_____, Resident of _____

whose photograph is affixed above, and I am / we are satisfied that:

(A) He / She is a case of (Any one of the following 20 specified disabilities - Please tick as applicable):

☐ 1. Locomotor Disability	☐ 11. Intellectual Disability
☐ 2. Muscular Dystrophy	☐ 12. Specific Learning Disabilities
☐ 3. Leprosy Cured	☐ 13. Autism Spectrum Disorder
☐ 4. Dwarfism	☐ 14. Mental Illness
☐ 5. Cerebral Palsy	☐ 15. Chronic Neurological Conditions
☐ 6. Acid Attack Victim	☐ 16. Multiple Sclerosis

☐ 7. Low Vision	☐ 17. Parkinson's Diseases
☐ 8. Blindness	☐ 18. Haemophilia
☐ 9. Hearing Impairment	☐ 19. Thalassemia
☐ 10. Speech and Language Disability	☐ 20. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his / her case is:

(D) He / She has _____ % (in figure) _____ percent (in words) disability and the nature of certificate is ☐ Permanent / ☐ Temporary and valid till (DD/MM/YYYY): ____ / ____ / ____ as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide Notification No. _____ dated _____.

Signature / Thumb impression of the Person with Disability

(Showing identity verified through photo and signature)

Signature of notified Medical Authority Member(s)

Name & Designation:

Official Seal / Stamp:

Note on Proof of Identity & Address (as per RPwD Amendment Rules, 2024 Schedule):

1. Primary Proof of Identity: Aadhaar Card / Aadhaar Enrolment Slip (where applicable).
2. If Aadhaar number is not yet allotted, attach Aadhaar Enrolment Slip along with any one of the following approved photo identity documents: (i) Bank or Post Office Passbook with Photo; (ii) PAN Card; (iii) Passport; (iv) Ration Card; (v) Voter Identity Card; (vi) MGNREGA Card; (vii) Kisan Photo Passbook; (viii) Driving License issued under Motor Vehicles Act, 1988; (ix) Certificate of Identity with photo issued by a Gazetted Officer or Tehsildar on official letterhead; (x) Any other document specified by DEPwD.
3. Proof of Address: As per official identity proof or valid residence document if address differs.

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[Logo of Government of India]	[Logo of DEPwD, GoI]	[Logo of Respective State / UT]
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**Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment, Government of India**

Form-VI

DISABILITY CERTIFICATE

(In case of Multiple Disabilities)

[See rule 18(1) of the Rights of Persons with Disabilities (Amendment) Rules, 2024]

(Name and Address of the Medical Authority Issuing the Certificate) _____ _____ Certificate / UDID No.: _____ Date of Issue: _____	Recent passport size photograph (showing face only) of the person with disability
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This is to certify that we have carefully examined

_____ [Name of the applicant], Son / Daughter / Care of _____ [Name of father/mother/guardian], Date of Birth (DD/MM/YYYY): ____ / ____ / _____, Gender: [☐] Male [☐] Female [☐] Transgender, Registration No. / UDID Enrolment No.: _____, Resident of _____

_____ whose photograph is affixed above, and we are satisfied that:

(A) He / She is a case of Multiple Disabilities. His / her extent of physical impairments / disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide Notification No. _____ dated _____ for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor / Visual / Hearing etc.			_____ %

2.				_____ %
3.				_____ %
4.				_____ %
5.				_____ %
6.				_____ %

(Note: Only the disabilities diagnosed and evaluated from among the 20 specified disabilities under the Act will be listed above)

(B) He / She has _____ % (in figure) _____ percent (in words) overall permanent / temporary disability and the nature of certificate is ☐ Permanent / ☐ Temporary and valid till (DD/MM/YYYY): ____ / ____ / ____.

2. This condition is: ☐ Progressive ☐ Non-progressive ☐ Likely to improve ☐ Not likely to improve

3. Reassessment of disability is: ☐ Not necessary OR ☐ Recommended after _____ years _____ months.

**Signature / Thumb impression
of Person with Disability**

**Signature of Member Medical
Board**

**Signature of Chairperson
Medical Board**

(Applicant)

Name & Seal of Member

Name & Seal of Chairperson