

| <p>3. Signature and seal of the Medical Authority. (Dr.....) (Dr.....) (Dr.....) Member Member Chairperson Medical Board Medical Board Medical Board with seal with seal with seal</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature/thumb impression of the person in whose favour certificate of disability is issued </div> | | | <p>Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate)</p> <p>Countersigned by the Chief Medical Officer (with seal)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Recent passport size attested photograph (showing face only) of the person with disability </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | <p>Certificate No.</p> <p>This is to certify that we have carefully examined Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ Date of birth (DD/MM/YY) _____ 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 he/she is a case of _____ Disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S. N.</th> <th>Disability</th> <th>Affected part of body</th> <th>Diagnosis</th> <th>Permanent physical impairment/mental disability (in%)</th> </tr> </thead> <tbody> <tr><td>1.</td><td>Locomotor disability</td><td>@</td><td></td><td></td></tr> <tr><td>2.</td><td>Muscular Dystrophy</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td>Leprosy cured</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td>Dwarfism</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td>Cerebral Palsy</td><td></td><td></td><td></td></tr> <tr><td>6.</td><td>Acid attack Victim</td><td></td><td></td><td></td></tr> <tr><td>7.</td><td>Low Vision</td><td>#</td><td></td><td></td></tr> <tr><td>8.</td><td>Blindness</td><td>#</td><td></td><td></td></tr> <tr><td>9.</td><td>Deaf</td><td>£</td><td></td><td></td></tr> <tr><td>10.</td><td>Hard of Hearing</td><td>£</td><td></td><td></td></tr> <tr><td>11.</td><td>Speech and Language disability</td><td></td><td></td><td></td></tr> <tr><td>12.</td><td>Intellectual Disability</td><td></td><td></td><td></td></tr> <tr><td>13.</td><td>Specific Learning Disability</td><td></td><td></td><td></td></tr> <tr><td>14.</td><td>Autism Spectrum Disorder</td><td></td><td></td><td></td></tr> <tr><td>15.</td><td>Mental illness</td><td></td><td></td><td></td></tr> <tr><td>16.</td><td>Chronic Neurological Conditions</td><td></td><td></td><td></td></tr> <tr><td>17.</td><td>Multiple sclerosis</td><td></td><td></td><td></td></tr> <tr><td>18.</td><td>Parkinson's disease</td><td></td><td></td><td></td></tr> <tr><td>19.</td><td>Haemophilia</td><td></td><td></td><td></td></tr> <tr><td>20.</td><td>Thalassemia</td><td></td><td></td><td></td></tr> <tr><td>21.</td><td>Sickle Cell disease</td><td></td><td></td><td></td></tr> </tbody> </table> <p>(Please strike out the disabilities which is not applicable) 2. The above condition is progressive/non-progressive/likely to improve/not likely to improve. 3. Reassessment of disability is:- (i) not necessary, or (ii) is recommended/ after.....years.....months, and therefore this certificate shall be valid till.... (DD) (MM) (YY) @ - e.g. Left/right/both arms/legs # - e.g. Single eye/both eyes £ - e.g. Left/Right/both ears</p> <p>4. Signature and seal of the Medical Authority.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name and Seal of Member</th> <th>Name and Seal of Member</th> <th>Name and Seal of the Chairperson</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Signature/thumb impression of the person in whose favour certificate of disability is issued</td> <td style="text-align: center;">Countersigned by the Chief Medical Officer (with seal)</td> <td></td> </tr> </tbody> </table> <p>5. 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N. | Disability | Affected part of body | Diagnosis | Permanent physical impairment/mental disability (in%) | 1. | Locomotor disability | @ | | | 2. | Muscular Dystrophy | | | | 3. | Leprosy cured | | | | 4. | Dwarfism | | | | 5. | Cerebral Palsy | | | | 6. | Acid attack Victim | | | | 7. | Low Vision | # | | | 8. | Blindness | # | | | 9. | Deaf | £ | | | 10. | Hard of Hearing | £ | | | 11. | Speech and Language disability | | | | 12. | Intellectual Disability | | | | 13. | Specific Learning Disability | | | | 14. | Autism Spectrum Disorder | | | | 15. | Mental illness | | | | 16. | Chronic Neurological Conditions | | | | 17. | Multiple sclerosis | | | | 18. | Parkinson's disease | | | | 19. | Haemophilia | | | | 20. | Thalassemia | | | | 21. | Sickle Cell disease | | | | Name and Seal of Member | Name and Seal of Member | Name and Seal of the Chairperson | Signature/thumb impression of the person in whose favour certificate of disability is issued | Countersigned by the Chief Medical Officer (with seal) | | Name and Seal of Member | Name and Seal of Member | Name and Seal of the Chairperson | Signature/thumb impression of the person in whose favour certificate of disability is issued | Countersigned by the Chief Medical Officer (with seal) | |
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| 1. | Locomotor disability | @ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Muscular Dystrophy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Leprosy cured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Dwarfism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Cerebral Palsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Acid attack Victim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Low Vision | # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Blindness | # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Deaf | £ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Hard of Hearing | £ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Speech and Language disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Intellectual Disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Specific Learning Disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | Autism Spectrum Disorder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | Mental illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | Chronic Neurological Conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | Multiple sclerosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. | Parkinson's disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | Haemophilia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. | Thalassemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. | Sickle Cell disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Seal of Member | Name and Seal of Member | Name and Seal of the Chairperson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name and Seal of Member | Name and Seal of Member | Name and Seal of the Chairperson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature/thumb impression of the person in whose favour certificate of disability is issued | Countersigned by the Chief Medical Officer (with seal) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>कुशल खिलाड़ियों के लिये प्रमाण-पत्र जो उ.प्र. के मूल निवासी हैं शासनादेश संख्या-22/21/1983-कार्मिक-2 दिनांक 28 नवम्बर, 1985 प्रमाण-पत्र के फार्म - 1 से 4 प्रारूप -1 (मान्यता प्राप्त क्रीड़ा/खेल में अपने देश की ओर से अन्तर्राष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) सम्बन्धित खेल की राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन का नाम राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी निवासी आत्मज/पत्नी/आत्मजा श्री निवासी पूरा पता ने दिनांक से दिनांक तक (स्थान का नाम) में आयोजित (क्रीड़ा/खेल-कूद का नाम) की प्रतियोगिता/टूर्नामेंट में देश की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में स्थान प्राप्त किया गया। यह प्रमाण-पत्र राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन/(यहाँ संख्या का नाम दिया जाये) में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान हस्ताक्षर दिनांक नाम पद संस्था का नाम मुहर नोट : यह प्रमाण-पत्र नेशनल फेडरेशन/नेशनल एसोसिएशन के सचिव द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।</p> <p>प्रारूप - 2 (मान्यता प्राप्त क्रीड़ा/खेल में अपने प्रदेश की ओर से राष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) सम्बन्धित खेल की प्रदेशीय एसोसिएशन का नाम राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी निवासी (पूरा पता) ने दिनांक से दिनांक तक में (क्रीड़ा/खेल-कूद का नाम) की प्रतियोगिता (टूर्नामेंट स्थान का नाम) आयोजित राष्ट्रीय में (क्रीड़ा/खेल-कूद का नाम) की प्रतियोगिता/टूर्नामेंट में प्रदेश की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में स्थान प्राप्त किया गया। यह प्रमाण-पत्र (प्रदेशीय संघ का नाम) में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान हस्ताक्षर दिनांक नाम पद संस्था का नाम मुहर नोट : यह प्रमाण-पत्र प्रदेशीय खेल-कूद संघ के सचिव द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।</p> <p>प्रारूप - 3 (मान्यता प्राप्त क्रीड़ा/खेल में अपने विश्वविद्यालय की ओर से अन्तर्रिंश्वविद्यालय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) विश्वविद्यालय का नाम राज्य स्तर की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी आत्मज/पत्नी/आत्मजा श्री निवासी (पूरा नाम) विश्वविद्यालय की कक्षा के विद्यार्थी ने दिनांक से दिनांक तक (स्थान का नाम) में आयोजित अन्तर्रिंश्वविद्यालय (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेंट में विश्वविद्यालय की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में स्थान प्राप्त किया गया। यह प्रमाण-पत्र डीन ऑफ स्पोर्ट्स अथवा इंचार्ज खेल कूद विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान हस्ताक्षर दिनांक नाम पद संस्था का नाम मुहर नोट : यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।</p> <p>प्रारूप - 4 (मान्यता प्राप्त क्रीड़ा/खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्टर ऑफ पब्लिक इन्स्ट्रक्शन्स/निदेशक, शिक्षा, उत्तर प्रदेश राज्य स्तर की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी आत्मज/पत्नी/आत्मजा श्री निवासी (पूरा पता) में स्कूल में कक्षा के विद्यार्थी ने दिनांक से दिनांक तक (स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेंट में स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में स्थान प्राप्त किया गया। यह प्रमाण-पत्र डाइरेक्टर ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान हस्ताक्षर दिनांक नाम पद संस्था का नाम मुहर नोट : यह प्रमाण-पत्र निदेशक/या अतिरिक्त/संयुक्त या उपनिदेशक डाइरेक्टर ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा द्वारा व्यक्तिगत रूप से हस्ताक्षर होने पर मान्य होगा।</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

