

GOVERNMENT OF TELANGANA  
ABSTRACT

Department for Women, Children, Disabled and Senior Citizens - Adaptation of procedure for application and for issuing of certificate of Disability and proformas for application and certificate of Disability for the State of Telangana – Orders - Issued.

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DEPARTMENT FOR WOMEN, CHILDREN, DISABLED & SENIOR CITIZENS (SCHEMES)

G.O.Ms.No.8,

Dated: 16-08-2018.  
Read the followings:

1. G.O.Ms.No.31, WD, CW & DW (DW) Department, Dated: 01.12.2009.
2. The Rights of Persons with Disabilities Act, 2016 (Central Act No. 49 of 2016)
3. Guidelines issued by the Government of India for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016.
4. G.O.Ms.No.5, Dept., for WCD&SC, Dated: 13.06.2018.
5. Government of India Rules under Section 100 of Rights of Persons with Disabilities Act, 2016, Notification dated: 15.06.2017.

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ORDER:-

In the G.O. 1<sup>st</sup> read above comprehensive orders were issued for evaluation of various disabilities and procedure for certification and constituting Medical Boards for assessing degree of disability of persons with Disabilities and Appellate Medical Boards duly adopting the guidelines issued by the Government of India.

2. In the reference 2<sup>nd</sup> read above, the Government of India has enacted the Rights of Persons with Disabilities Act, 2016 by repealing the existing Persons with Disabilities Act, 1995 which came into force with effect from 19.04.2017.

3. In the G.O., 4<sup>th</sup> read above, in exercise of powers conferred by Section 57 and 59 of the Rights of Persons with Disabilities Act, 2016 and guidelines issued by the Government of India in the reference 3<sup>rd</sup> read above and in supersession of the orders issued in the G.O 1<sup>st</sup> read above, orders were issued constituting Medical Boards, Appellate Medical Authorities for issuing disability Certificate and adopting the comprehensive guidelines for evaluation of various disabilities and Procedure for Certification notified by Government of India.

4. In the reference 5<sup>th</sup> cited, Government of India has notified it's Rules under the Rights of Persons with Disabilities Act, 2016 and in Rule 17 & 18 at chapter-VII; There is a procedure for obtaining Certificate of Disability and also annexed formats of application in Form-IV and format of Certificate of Disability in Form-V, VI and VII.

5. Government after careful examination of the matter and in continuation to the orders issued in the G.O. 4<sup>th</sup> read above, hereby adopt the following procedure for application and for issuing of certificate of Disability for the State Telangana:-

(A) (1) Application for certificate of Disability:- (1) Any person with specified disability may apply in Form-IV as enclosed to this order for certificate of Disability and submit to the application to-

(a) a medical authority notified in the G.O. 4<sup>th</sup> read above to issue a certificate in the District of residence of the applicant as mentioned in the proof of residence in the application; or

(b) the concerned medical authority in the G.O. 4<sup>th</sup> read above a Government hospital where he may be undergoing or may have undergone treatment in connection with his disability:

Provided that where a person with disability is a minor or suffering from intellectual disability or any other disability which renders him unfit or unable to make such an application himself, the application on this behalf may be made by his legal guardian or by any organization registered under the Act having the minor under its care.

(2) The application shall be accompanied by:

- (a) proof of residence;
- (b) two recent pass port size photographs; and
- (c) aadhar number or aadhar enrollment number, if any.

Provided that; no other proof of residence shall be demanded from the applicant who has aadhaar or aadhaar enrolment number.

(B) Issue of certificate of disability:- (1) On receipt of an application, the medical authority notified in the G.O. 4th read above shall, verify the information as provided by the applicant and shall assess the disability in terms of the relevant guidelines issued in the G.O 4th read above and after satisfying that the applicant is a person with disability, issue a certificate of disability in his favour in Form-V, VI and VII, enclosed to this order as the case may be.

6. The Chief Executive Officer, Society for Elimination of Rural Poverty, Hyderabad shall take necessary action for designing new software for issuing of disability certificate.

7. The Director, Medical Education and Commissioner, Telangana Vaidya Vidhan Parishad, Health Medical & Family Welfare Department shall conduct the orientation training programme to the members of Medical Boards and appellate Boards for assessing of disability as per guidelines issued in the G.O. 4<sup>th</sup> read above.

8. The Director, Welfare of Disabled & Senior Citizens, Hyderabad shall co-ordinate for issuing of disability certificate with Chief Executive Officer, Society for Eradication of Rural Poverty and Director, Medical Education and Commissioner, Telangana Vaidya Vidhan Parishad, Health Medical & Family Welfare Department.

9. The Director, Welfare of Disabled and Senior Citizens, Hyderabad shall take necessary action accordingly.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)

M.JAGADEESHWAR,  
SECRETARY TO GOVERNMENT.

To

The Director, Welfare of Disabled & Senior Citizens, Hyderabad,  
The Commissioner Health Medical & Family Welfare Department, Hyderabad,  
The Director, Medical Education.  
The Commissioner, Telangana Vaidhya Vidhana Parishad, Hyderabad,  
All the District Collectors.  
All the Superintendents, District Hospitals/Teaching Hospitals in the State,  
The Director, National Institute for the Empowerment of Persons with  
Intellectual Disabilities,  
The Superintendent, ENT Hospital, Koti Hyderabad.  
The Superintendent, Sarojini Devi Eye Hospital, Hyderabad.  
The Chief Executive Officer, Society for Eradication of Rural Poverty, Hyderabad.  
The Principal Secretary to Government,  
Panchayat Raj & Rural Development Department.

Copy to:

All the Departments in Secretariat.  
All Head of the Departments.  
The Secretary to Government of India, MSJ &E, New Delhi,  
The Chief Commissioner, for persons with Disabilities, New Delhi,  
The State Commissioner for Persons with Disabilities, Hyderabad.  
P.S. to Principal Secretary to Chief Minister.  
P.S. to Minister (WCD&SC).  
P.S. to Minister (HM&FW).  
SF/SCs.

//FORWARDED :: BY ORDER//

SECTION OFFICER.

FORM-IV

Application for obtaining Certificate of Disability by Persons with Disabilities

(1) Name : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

(2) Father's Name : \_\_\_\_\_ Mother's Name: \_\_\_\_\_

(3) Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)

(4) Age at the time of application : \_\_\_\_\_ years

(5) Sex : Male/Female/Transgender : \_\_\_\_\_

(6) Address :

(a) Permanent address

(b) Current Address (i.e. for communication)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Period since when residing at current address \_\_\_\_\_

(7) Educational Status (please tick as applicable)

- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle
- (vii) Primary
- (viii) Non-literate

(8) Occupation \_\_\_\_\_

(9) Identification marks (i) \_\_\_\_\_ (ii) \_\_\_\_\_

(10) Nature of disability :

(11) Period since when disabled : From Birth // since year \_\_\_\_\_

(12) (i) Did you ever apply for issue of a certificate of disability in the past \_\_\_\_ yes/no

(ii) If yes, details:

(a) Authority to whom and district in which applied \_\_\_\_\_

(b) Result of application \_\_\_\_\_

(13) Have you ever been issued a certificate of disability in the past?

If yes, please enclose a copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

\_\_\_\_\_  
(signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities, etc.)

(P.T.O.)

Date :

Place :

Enclosures :

1. Proof of residence (Please tick as applicable).

- (a) ration card,
- (b) voter identity card,
- (c) driving license,
- (d) bank passbook,
- (e) PAN card,
- (f) Passport,
- (g) Telephone, electricity, water and any other utility bill indicating the address of the applicant.
- (h) A certificate of residence issued by a Panchayat, Municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Government school.
- (i) In case of any inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.

2. Two recent passport size photographs

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(For office use only)

Date :

Place:

Signature of issuing authority

Stamp

Form-V

Certificate of Disability

(In case 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)

Recent passport size attested photograph (Showing face only) of the person with disability.

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/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:

(A) he / she is a case of:

- Locomotor disability
  - dwarfism
  - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(A) 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

3. Signature and seal of the Medical Authority.

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.

(Annexure to G.O.Ms.No.8, Dept., for WCD&SC, Dated: 16.08.2018)

Form-VI  
Certificate of Disability  
(In case of multiple disabilities)

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

Recent passport size  
attested photograph  
(Showing face only) of the  
person with disability.

Certificate No.

Date:

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:

(A) he / she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl. No.	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			

(B) in the light of the above, his/her over all permanent physical impairment as per guidelines (..... Number and date of issue of the guidelines to be specified), is as follows:-

In figures :- \_\_\_\_\_ percent

In wards :- \_\_\_\_\_ percent

(P.T.O.)

2. This 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/YYYY)

@ e.g. Left/right/both arms/legs

# e/g Single eye

£ e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

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.
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(Annexure to G.O.Ms.No.8, Dept., for WCD&SC, Dated: 16.08.2018)

Form - VII

Certificate of Disability

(In case of other than those mentioned in Forms V and VI)

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

Recent passport size  
attested photograph  
(Showing face only) of the  
person with disability.

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/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:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral palsy			
5.	Acid Attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are 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

(P.T.O.)



(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
- € e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

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.