

FORM V
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18 (1)]

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



Dr. K. PONMALAR, M.B.B.S.D.O.,
Reg. No. 47683
CHIEF CIVIL SURGEON
DISTRICT MOBILE OPHTHALMIC UNIT
TRICHY

Certificate No. TN/TRY/LV-584

Date :

This is to certify that I have carefully examined Shri / Smt. / Kum. Ponmalaran
son/wife/daughter of Shri Paneselvan Date of Birth (DD/MM/YY)
Age 38 years, male/female Male registration No.
permanent resident of House No. 52nd floor Ward/Village/Street ... Post Of-
fice ... District Trichy State ..., whose photograph is af-
fixed above, and I am satisfied that :

(A) He / She is a case of :

- Locomotor disability Blindness
 Dwarfism

(Please tick as applicable)

(B) The diagnosis in his / her case is BE Macular Dystrophy

(A) He / She has 100 % (in figure) HUNDRED percent (in words) permanent locomotor Disability / Dwarfism / Blindness in relation to his / her VISION (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
<u>316588278860</u>	<u>2005</u>	<u>GOVT OF INDIA</u> JIT

Signature / thumb Impression
of the Person in whose favour
ertificate of disability is issued

(Signature and Seal of Authorised Signatory
of notified Medical Authority)

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