

Government of West Bengal
Health & Family Welfare Department (PHP Branch)
 Swasthya Bhawan, GN-29, Sector-V, Bidhannagar, Kolkata-700 091

No. 289-HF/O/PHP/1R-05/2017

29.8.2018

ORDER

Ministry of Social Justice and Empowerment of Persons with Disabilities, Government of India has enacted the Rights of the Persons with Disabilities Act, 2016 and thereafter has notified guidelines for assessment and certification of specified disabilities included under Rights of the Persons with Disabilities Act, 2016 vide Notification No. S.O. 76(E) dated 4.1.2018.

Now, in pursuance of Section 57 of the said Act, the certifying authorities and the jurisdiction within which such certifying authorities shall perform their certification functions are mentioned hereunder.

1. The certification of different categories of disabilities at different tier/hospitals will be as follows:

Sl No.	Categories of Disability	Specified Disability	Tier/Level of hospital	Constituent members of Medical Disability Certification Board
1	2	3	4	5
1	Locomotor Disabilities	a) Locomotor disability b) Leprosy cured person c) Cerebral palsy d) Dwarfism e) Muscular dystrophy f) Acid attack victims	SDH, SGH, DH, Medical college	i) <i>Chairperson of the Board -Medical Superintendent or M.S.V.P / Director.</i> ii) Specialist in Orthopedics. iii) Specialist in Physical Medicine and Rehabilitation iv) One or two more specialists as nominated by CMOH/ Principal/ Director as per the condition of the person with disability.
2	Visual impairment	a) Blindness b) Low vision	SDH, SGH, DH, Medical college	i) <i>Chairperson of the Board -Medical Superintendent or M.S.V.P / Director</i> ii) Eye specialist. iii) One specialist as nominated by CMOH/ Principal/ Director as per the condition of the person with disability.
3	Hearing Impairment & Speech and Language Disability	a) Deafness b) Hard of hearing c) Speech and Language Disability	SDH, SGH, DH, Medical college	i) <i>Chairperson of the Board -Medical Superintendent / M.S.V.P /Director.</i> ii) ENT Specialist iii) One specialist as nominated by CMOH/ Principal/ Director as per

				the condition of the person with disability and iv) Trained audiologist or speech therapist.
4	Chronic neurological conditions	a) Multiple sclerosis b) Parkinson's disease	District Hospital, Medical college, specialized centre ie., Bangur Institute of Neurosciences, Kolkata	i) <i>Chairperson of the Board</i> - Medical Superintendent / M.S.V.P / Director. ii) Pediatrician for childhood chronic neurological condition / psychiatrist for mental illness due to chronic neurological condition/ neurologist for chronic neurological conditions without mental illness. iii) Specialist for certifying locomotors disability. iv) Trained psychologist (clinical or rehabilitation) to administer IQ test.
5	Persons affected with blood related disorders	a) Haemophilia b) Thalassemia c) Sickle cell disease	a) Medical College, Kolkata will cover the following districts- i) Hooghly ii) Bankura iii) Burdwan iv) Birbhum v) Purulia vi) South 24 Parganas vii) Malda viii) Murshidabad ix) North 24 Parganas b) Rest of the districts will be covered by Nil Ratan Sircar Medical College and Hospital	i) <i>Chairperson of the Board</i> - M.S.V.P / Director. ii) Head of the Department of Haematology or any other competent person as nominated by him or her. iii) Orthopaedic Surgeon or PMR expert. iv) Any other specialist depending upon the disability of the patient.
6	Intellectual disability	a) Intellectual disability b) Specific learning disabilities c) Autism spectrum disorder	District Hospitals, Medical Colleges	i) <i>Chairperson of the Board</i> - Medical Superintendent / M.S.V.P / Director. ii) Pediatrician or Pediatric Neurologist (where available) iii) Clinical or Rehabilitation psychologist. iv) Occupational therapist or Special Educator or

				Teacher trained for assessment of Specific Learning Disability(SLD).
7	Mental illness	a) Mental illness	District Hospitals, Medical Colleges, Institute of Psychiatry, Kolkata	i) <i>Chairperson of the Board -Medical Superintendent / M.S.V.P / /Director.</i> ii) Psychiatrist for clinical assessment. iii) Trained psychologist to administer IQ tests.
8	Multiple Disabilities	Combination of two or more disabilities mentioned below:- 1. Blindness 2. Low-vision 3. Leprosy cured persons 4. Hearing impairment (deaf and hard of hearing) 5. Deafness 6. Locomotor disability 7. Dwarfism 8. Intellectual disability 9. Mental illness 10. Autism spectrum disorder 11. Cerebral palsy 12. Muscular dystrophy 13. Chronic neurological conditions 14. Specific learning disabilities 15. Multiple sclerosis 16. Speech and language disability 17. Thalassemia 18. Haemophilia 19. Sickle cell disease 20. Acid Attack victims 21. Parkinson's disease	District Hospital, Medical College	i) <i>Chairperson of the Board -Medical Superintendent/ M.S.V.P / Director.</i> ii) Specialist required for assessing the disabilities as per the requirement of respective guidelines. iii) Specific specialist(s) for assessing the respective disabilities as per requirement of the disabled person, to be nominated by the CMOH / Principal / Director

2. For the purpose of certification, the "Guidelines for assessing the extent of specified disabilities in a person included under the Rights of Persons with Disabilities Act, 2016" issued by the Ministry of Social Justice and Empowerment, Government of India, Department of Empowerment of Persons with Disabilities' vide Notification No. S.O. 76(E) dated 4.1.2018 is to be followed.

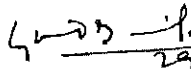
3. The Superintendent/MSVP/Director of the medical institution in the sub-division/district/place of residence of the applicant, as mentioned in the proof of residence in the application, will be the competent authority for issuing the certificate of disability in regard to the nature of disability mentioned at serial nos. 1 to 8.

4. As laid down under Rule 17 of the Rights of Persons with Disabilities Rules, 2017, any person with specified disability may apply in Form IV (annexed) for a certificate of disability and submit the application to the medical authority as mentioned in Para 3 above or to the concerned medical authority in a government hospital where s/he may be undergoing or may have undergone

treatments in connection with the 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 his behalf may be made by his legal guardian or by any organization registered under the Act having the minor under his care. The application shall be accompanied by two recent passport sized photographs and proof of residence/Aadhaar No./Aadhaar Enrollment No.

5. As laid down under Rule 18 of the Rights of Persons with Disabilities Rules, 2017, the medical authority shall, after due verification, issue a certificate of disability in Form V, VI, VII, as applicable (annexed) within a month from date of receipt of an application. If an applicant is found to be ineligible for issuance of certificate of disability, the medical authority shall convey the reasons to him in writing under Form VIII (annexed) within a period of one month from date of receipt of application.

This order will take immediate effect.


29/08/18

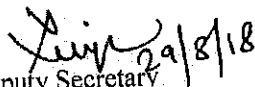
(Sharad K Dwivedi)
Joint Secretary to the Government of West Bengal

No. 289/1(11)/HF/O/PHP/1R-05/2017

29.8.2018

Copy forwarded for information and necessary action to the:-

- 1) Director of Medical Education and Ex-Officio Secretary, West Bengal.
- 2) Director of Health Services and Ex-Officio Secretary, West Bengal.
- 3) Principal/MSVP, Medical College (all)
- 4) State Family Welfare Officer, H&FW Department
- 5) Chief Medical Officer of Health (all)
- 6) The Director, Institute of Psychiatry, Kolkata/Bangur Institute of Neuroscience, Kolkata
- 7) The Superintendent, Hospital (aal)
- 8) Sr. PA to Secretary, Child Development Department and Women Development & Social Welfare Department, Bikash Bhawan, Salt Lake, Kolkata - 700091
- 9) Sr. PA to Commissioner of Family Welfare, H&FW Department
- 10) OSD (IT) to display in the official website of this Department.
- 11) Guard file.


29/8/18
Deputy Secretary
Health & Family Welfare Department

FORM- IV

Application for Obtaining Certificate of Disability by Persons with Disabilities

[See rule 17(1)]

- (1) Name : _____
(Surname) (First Name) (Middle Name)
- (2) Father's Name : _____ Mother's Name: _____
- (3) Date of Birth : _____ / _____ / _____
(Date) (Month) (Year)
- (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) _____

(c) 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 true 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)

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 gazetted officer, or the concerned Patwari or Head Master of a Government school,
 - (i) in case of an 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

(For office use only)

Date:
Place:

Signature of issuing authority
Stamp

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)

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

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

Signature/thumb impression of the person in whose favour certificate of disability is issued

Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(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. _____
of _____ son/wife/daughter _____
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 words :- ----- percent

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) (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.

Form - VII

Certificate of Disability

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

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

[See rule 18(1)]

Recent passport size attested photograph (Showing face only) of the person
wit

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

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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

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

Countersigned
{Countersignature and seal of the
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
not a Government servant (with seal)}

Signature/thumb
impression of the
person in whose
favour certificate of
disability is issued

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 the Chief Medical Officer of the District

FORM - VIII

[Intimation of rejection of Application for Certificate of Disability]

[See rule 18 (4)]

No. _____

Dated :

To,

(Name and address of applicant
for Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/ Madam,

Please refer to your application dated _____ for issue of a Certificate of Disability for the following disability:

2. Pursuant to the above application, you have been examined by the undersigned/Medical Authority on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a Certificate of Disability in your favour:

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____
requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)

(Name and Seal)

