भारत सरकार
कर्मचारी चयन आयोग
कार्मिक लोक शिकायत और पेंशन मंत्रालय,
ब्लॉक सं ,12केन्द्रीय कार्यालय परिसर,लोधी रोड ,
नई दिल्ली.110003-

Government of India
Staff Selection Commission
Ministry of Personnel, Public Grievances & Pensions,
Block No. 12, CGO Complex, Lodhi Road,
New Delhi - 110003.

Important Update on Disability Certificate Formats for SSC examinations

F.No. 02/1/2022-RHQ- In accordance with the recent guidelines from the Department of Empowerment of Persons with Disabilities (DEPwD), the Staff Selection Commission (SSC) has revised the formats for Disability Certificates. The details of the updated formats are as follows:

2. As per the DEPwD Notification dated 16.10.2024, the Disability Certificates will now be categorized as follows:

- **Form V** – Certificate of Disability (for **Single Disability**)
- **Form VI** – Certificate of Disability (for **Multiple Disabilities**)

These updated formats replace the previous three forms (Form V, Form VI, and Form VII) that were used in various notifications issued earlier by SSC. The two revised Forms are **annexed.**

3. It has been decided by the Commission that for all examinations where the Notices were issued after 16.10.2024 and the recruitment process has not been completed, candidates may submit their Disability Certificate in either the revised formats (Form V and Form VI as per the DEPwD Notification dated 16.10.2024) or in the earlier formats.

Under Secretary (C-4)
17.11.2025

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities	Logo or Respective State of Union Territory

Form-V

Disability Certificate
(In case of Single Disability)
[See rule 18(1)]
(Name and Address of the Medical Authority Issuing the Certificate)

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

Certificate/UDID No. **Date of Issue :**

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 < address of PwD> whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):
i. Locomotor Disability
ii. Muscular Dystrophy
iii. Leprosy Cured
iv. Dwarfism
v. Cerebral Palsy
vi. Acid Attack Victim
vii. Low Vision
viii. Blindness

ix. Hearing Impairment
x. Speech and Language Disability
xi. Intellectual Disability
xii. Specific Learning Disabilities
xiii. Autism Spectrum Disorder
xiv. Mental Illness
xv. Chronic Neurological Conditions
xvi. Multiple Sclerosis
xvii. Parkinson's Diseases
xviii. Haemophilia
xix. Thalassemia
xx. 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 (DD/MM/YYY).

Signature / Thumb impression of the Person with Disability:
Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities	Logo or Respective State of Union Territory

Form-VI

Disability Certificate
(In case of Multiple Disabilities)
[See rule 18(1)]
(Name and Address of the Medical Authority Issuing the Certificate)

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

Certificate/UDID No. **Date of Issue :**

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 < address of PwD> whose photograph is affixed above, and I am /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 (DD/MM/YYY) for the disabilities below:

S.No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1	Locomotor Disability			
2	Muscular Dystrophy			

3	Leprosy Cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low Vision			
8	Blindness			
9	Hearing Impairment			
10	Speech and Language Disability			
11	Intellectual Disability			
12	Specific Learning Disabilities			
13	Autism Spectrum Disorder			
14	Mental Illness			
15	Chronic Neurological Conditions			
16	Multiple Sclerosis			
17	Parkinson's Diseases			
18	Haemophilia			
19	Thalassemia			
20	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has _____% (in figure) _____ percent (in words) overall disability and the nature of certificate is {permanent/ temporary and valid till (DD/MM/YYYY)}

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:

Name and Address of the Medical Authority Issuing the Certificate: