

FORM NO. 30

Certificate of the medical authority for certifying 'person with disability', 'severe disability', 'autism', 'cerebral palsy' and 'multiple disability' for purposes of section 127 & section 154 of the Act.

Part - A (Basic Information)

1	Details of taxpayer		
	(i)	Name	<i>(refer Note 1)</i>
	(ii)	Address	<i>(refer Note 2)</i>
	(iii)	PAN	
2	Tax Year		

Part – B (To be filled by the Medical Authority)

3	Certificate Number				
4.	Date		<i>dd/mm/yyyy</i>		
5	Details of the patient				
	(i)	Name	<i>(refer Note 1)</i>		
	(ii)	Son/ Daughter/ Care of			
	(iii)	Age			
	(iv)	Gender			
6	Registration No.				
7	Disability type: <i>(select one)</i>		1. Person with disability 2. Person with severe disability		
8.	Suffering from: <i>(select one)</i>		1. Autism 2. Cerebral palsy 3. Multiple disability		
9.	Condition*: <i>(select one)</i>	1. Progressive 2. Non-progressive			
		1. Likely to improve 2. Not likely to improve			
10.	Reassessment: <i>(select one)</i>	1. Recommended	After	Years	Months
		2. Not recommended			
11.	Details of of Institution/ Government Hospital:				
	(i)	Name:	<i>(refer Note 1)</i>		
	(ii)	Address:	<i>(refer Note 2)</i>		
12.	Qualification / designation of specialist:				
Signature / Thumb impression of the patient				Certified by	
				Signature of specialist	

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, the name shall be provided in full.
2. The address shall contain
 - i. Country/Region,
 - ii. Flat/Door/Building,
 - iii. Road/Street/ Block/Sector,
 - iv. PIN/ZIP Code,
 - v. Post Office,
 - vi. Area/locality,
 - vii. District,
 - viii. State
3. * In case the condition is assessed as Progressive/Not likely to improve, there would be no necessity of reassessment by a specialist.
4. The certificate from the medical authority (Part-B) may be uploaded.