



Government of Pakistan
Ministry of Human Rights
(The Council on Rights of Persons with Disabilities)

Date: _____

Reg. No. _____

APPLICATION FOR DISABILITY CERTIFICATE

Name: _____ F/Name _____ M/Name _____ Guardian Name: _____

Marital Status Married / Unmarried/Divorced/Widow/Widower Spouse Name _____

Date of Birth _____ CNIC No. _____

Type of Disability: _____ Nature of functional disability _____

Cause of Disability _____ Age disability identified at _____

Landline _____ Mobile/WhatsApp _____ Email _____

Domicile _____ Present Address _____

Permanent Address _____

I solemnly declare that above mentioned information is correct and, prior to this, I never obtained my Disability Certificate from NCRDP, PCRDP's. In case of wrong information, CRPD would be in its right to initiate an action against me as per Law / Rules and Policy.

SWO (CRPD)

Signature of the Applicant/Guardian

Recommendations of the Medical Assessment Board

Applicant is declared:

Disabled/Not Disabled _____

Disability Type _____

Fit to work (As per disability) / not fit to work _____

Severity of Impairment _____

Referred to _____

NOT FIT for DRIVING

**Chairman
(Orthopedic Surgeon)
NIRM, Islamabad**

**Member
DD NCRDP**

**Member
ENT/Eye Specialist**

**Member
Audiologist-DGSE**

**Member
Job Placement Officer-DGSE**

Other Members, if any:



Government of Pakistan
Ministry of Human Rights
(The Council on Rights of Persons with Disabilities)

Part-II (To be filled in case of successful Application)

Details of any Assistive device being used:		Wheelchair / Hearing aid / Communication Device / Screen Readers / Others: _____		Caretaker:	Mother / Father / Brother / Sister / Wife Husband /others _____	
Education:	No education / Enrolled / Completed education		Completed Years of Education: _____			
Qualification						
Enrolled in:	Mainstream school / Special Education School / Home-based School / Other		Institute type:	Govt. ☐	Private ☐	Welfare Trust ☐
Institute Name:				Nutritional needs:		
Specific needs		Speech Therapy/ Assistive Device/ Counseling / Others _____		Current source of Income:		Govt Job / Pension / Savings / Rental Income / Dependent / Private Company Job
Details of work in case of self-employed:				Name & Address of employer, in case of an employee		
Are you seeking a job	Yes ☐ No ☐		If unemployed, how long are you out of work?			
Details of any skill or Training you are seeking:			Computer and digital skills / Electrical / Mechanical / Electronics / Tailoring / Beautician / Arts and Crafts / Driving/Business			
Monthly educational and health costs:				Misc./general disability related costs:		
Estimated recurrent cost of Assistive Technology, if any				Total monthly cost of care of the PWD:		
Income of PWD, who is sole earner in the family		<30000 ☐		Total income of the PWD's Family:		- <30000 ☐
		30000-75000 ☐				- 30000-75000 ☐
		75000-125000 ☐				- 75000-125000 ☐
		125000-200000 ☐				- 125000-200000 ☐
		200000 < ☐				- 200000 < ☐
Income of PWD, living in a joint family		<30000 ☐		Age, gender, CNIC and relation of 2 nd disability in the family, if any		
		30000-75000 ☐				
		75000-125000 ☐				
		125000-200000 ☐				
		200000 < ☐				
Type of Disability of 2 nd PWD in the family				Nature of Functional Disability of 2 nd PWD		

Age, gender, CNIC and relation of 3 rd disability in the family,if any		Disability Certificate No of 2 nd Disability	
Additional Information			
Other chronic medical ailments of Applicant, if any and name of healthcare provider		Nature of usual healthcare provider for disability care	Government hospital, private clinic/hospital, Free dispensaries, Hakim, Traditional Healers, Homeopaths
Do the household members financially depend on the Applicant	No ☐ Yes ☐ Partially ☐	Reason for getting Disability Certificate:	For Hearing Aid/ wheel chair For Financial Support For job For Education For Healthcare Other _____
Details of regular support received from any of the following sources	- From family/friends		
	- BISP		
	- Sehat Sahulat Card		
	- Pak Bait ul Maal		
	- Trusts / NGOs		
	Others _____		
Most Urgent Support you need: (select multiple if options, if needed)	<ul style="list-style-type: none"> - Financial - Medical Care - Residential Care - Shelter - Educational - Assistive Technology - Rehabilitative care - Occupational - Legal rights protection - Others 		