

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Sri / Smt / Kum son
/ wife / daughter of Shri
Age old, male / female, Registration No
is a case of He / She is physically disabled/visual disabled/speech
& hearing disabled and has % (.....percent)
permanent (physical impairment visual impairment speech & hearing impairment) in
relation to his / her

Note :

1. This condition is progressive/non-progressive/likely to improve/not likely to improve. *
 2. Re-assessment is not recommended/is recommended after a period of months/years. *
- * Strike out which is not applicable

(Recent Attested
Photograph showing
the disability
affixed here)

Sd/-
(Doctor)
(Seal)

Sd/-
(Doctor)
(Seal)

Sd/-
(Doctor)
(Seal)

Countersigned by the
Medical Superintendent CMO/Head
of Hospital (with seal)

Signature / Thumb impression
of the disabled person