

Certificate No.: _____

Date : _____

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that,

Shri/Smt/Kum. _____ Son/wife/daughter
of Shri _____

Age _____ old male/female, Registration No. _____ is a case
of _____ He/She is
physically disabled/visually disabled/speech & hearing disabled and has _____ %
(_____ per cent) 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 recommended/ not recommended after a period of
_____ months/years. *

(*Strike out which is not applicable.)

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Signature/Thumb impression of the patient.

Countersigned by the

Medial Superintendent/CMO/Head of
Hospital (with seal)

Recent attested photograph showing the disability affixed here.