

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE, issuing the Certificate.

Certificate No-----

Date-----

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Km \_\_\_\_\_ 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 \_\_\_\_\_ % ( \_\_\_\_\_ 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 not recommended/is recommended after a period of \_\_\_\_\_ months/years\*

\* Strike out which is not applicable.

Sd/-

Sd/-

Sd/-

(DOCTOR)  
Seal

(DOCTOR)  
Seal

(DOCTOR)  
Seal

Signature/Thumb impression  
Of the patient.

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

Affix here recent  
attested Photograph  
Showing the disability