

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