

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

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.

(Doctor)
Seal

(Doctor)
Seal

(Doctor)
Seal

Signature/Thumb impression
of the patient

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

Affix here recent
attested photograph
showing the disability