

STANDARD FORMATE OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate.

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 ofHe/She is physically
disabled/speech & hearing disabled and has% (..... per cent) permanent
(physical impairment/visual impairment/ speech & hearing impairment) in relation to his/her
.....

Note:-

1. This conditions 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/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Signature/Thumb Impression of the patient.

Countersigned by the
Medical Superintendent/Chief Medical Officer/
Head ofHospital (with seal)

Recent attested