

APPENDIX – VI

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSITIUTE / 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 Ageold male /
female. Registration No. is a case of
..... He / She is physically disabled / visual disabled /
speech & hearing disabled and has% (.....percent) 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 ofmonths/years*.

* Strike out which is not applicable.

Sd/-
[DOCTOR]
Seal

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Signature/thumb impression of
the patient.

Superintendent/CMO/

Counter signed by the
Medical

Head of Hospital (with seal)

Recent Attested
Photograph showing
the disability
affixed here