



Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATE FOR THE CANDIDATES WITH PHYSICAL DISABILITY**

This is to certify that Mr. / Ms. \_\_\_\_\_ son / wife / daughter of Shri / Smt \_\_\_\_\_ resident of \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_ years old male/female has Low Vision / Blindness / Hearing impairment / Locomotor Disability / Cerebral Palsy / Speech Impairment and the degree of disability is not less than \_\_\_\_\_ % [ \_\_\_\_\_ (in words)].

The details of his / her above mentioned disability are described below.

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**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.
3. This certificate is issued as per the "Persons with Disabilities Act, 1995".

\*Strike out whichever is not applicable.

**Signature  
of the patient**

**Affix Recent  
Attested Photograph**

**Signature  
Chief Medical Officer (CMO) /  
Civil Surgeon of Government  
Hospital (with seal)**