

## ANNEXURE 9: PwD CERTIFICATE FORMAT

Format for Physically Challenged (PH)/Persons with Disabilities (PwD) Certificate  
(To be obtained by the candidate)  
(To be filled by Medical Board notified under PwD Act)

Certificate No: \_\_\_\_\_

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

This is to certify that Shri./Smt./Kum. \_\_\_\_\_  
Son/Daughter of Shri./Smt. \_\_\_\_\_  
Age \_\_\_\_\_ Male/Female, with Registration No. \_\_\_\_\_  
\_\_\_\_\_ is a case of \_\_\_\_\_.

Affix here recent  
Photograph showing  
the disability duly  
attested by Medical  
Superintendent  
/CMO/Head of  
Hospital  
(with seal)

He/She is Physically Disabled/Visually Disabled/Speech and Hearing Disabled/having  
Mental Retardation/Leprosy cured and has \_\_\_\_\_% (\_\_\_\_\_per cent)  
permanent (physical impairment/visual impairment/speech and hearing impairment  
etc.) in relation to his/her \_\_\_\_\_.

**Note:** (Strike out whichever is not applicable)

1. This condition is progressive/not progressive/likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of \_\_\_\_\_ months/years.

Signature of Doctor  
Name of Doctor  
Specialization  
Seal with Degree  
(Member, Medical Board)

Signature of Doctor  
Name of Doctor  
Specialization  
Seal with Degree  
(Member, Medical Board)

Signature of Doctor  
Name of Doctor  
Specialization  
Seal with Degree  
(Member, Medical Board)

Signature/Thumb impression of Patient

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