

Annexure 5: 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 _____.

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)

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