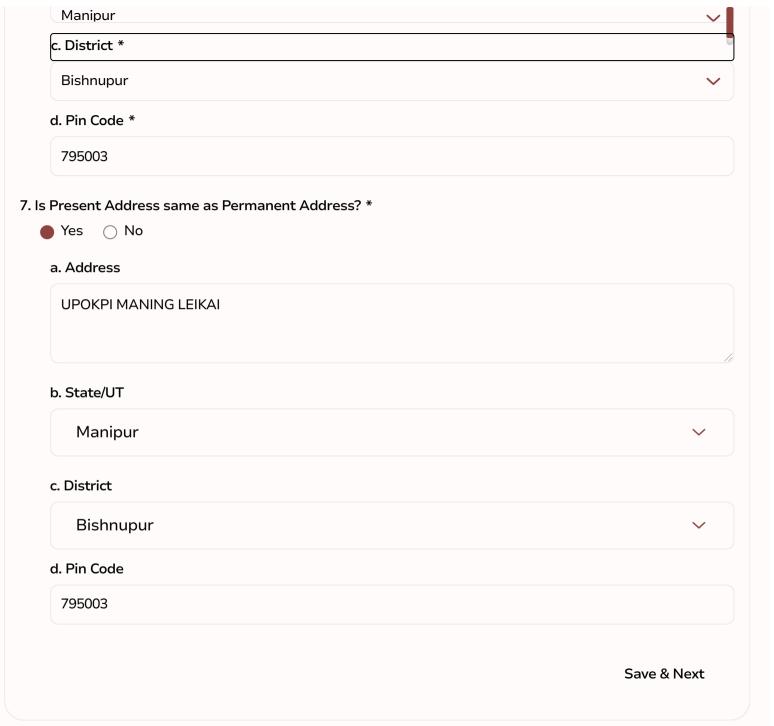
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. Type of Disability	
Note	
VH : Blindness and	Low vision
HH: Deaf and hard	of hearing
OH: Locomotor dis	ability, Including cerebral palsy, leprosy cured, dwarfism, acid attack, victims, & y
	tellectual disability, specific learning disability & mental illness, multiple disabili sons under the above mentioned clauses including deaf-blindness.
. Disability Certifica	ite Number
manent Address *	
. Address *	



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