**JIET’X ONE CLINIC**

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**Address**  
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**DISABILITY CERTIFICATE**

**Certificate No. :**   
**Date:**

This is to certify that after careful examination and evaluation by the undersigned, **Mr./Ms. ………………….**, aged **…….. years**, son/daughter of **…………………….,** residing at **…………………..**, is found to be a person with **………………….**

The details of the disability are as follows:

* **Type of Disability:**
* **Nature of Disability:** Permanent / Temporary / Progressive / Non-Progressive]
* **Percentage of Disability:**
* **Cause of Disability:** Congenital / Acquired / Other
* **Disability Classification:** Mild / Moderate / Severe / Profound

The disability is assessed as per the guidelines issued by the Government ofINDIA**,** RAJASTHAN and is certified to be **more than …….% / less than ………**, thus **……………………………..** for benefits under relevant disability welfare schemes.

This certificate is issued on the request of the individual and is valid from the date of issue until **……………………………**

Sincerely,

Doctor’s Name

Qualification

Designation

Medical Registration Number

Signature and Stamp