



Date: 18 / 12 / 19

**Note : This is not valid for Medico-Legal Cases.**



# APPLICATION FOR ISSUE OF RAILWAY UNIOUE IDENTITY CARD FOR PHYSICALLY CHALLANGED PERSONS FOR E-TICKETING

शारीरिक रूप से अक्षम व्यक्तियों को ई.टिकटिंग सुविधा प्रदान करने हेतु  
रेलवे युनिक पहचान पत्र जारी करने हेतु प्रार्थना पत्र

Please refer to Indian Railway Commercial Circular issued dated 19/03/2015  
vide no. 18 of 2015 vide no. 2011/TG-I/e-ticketing for disabled/Pt-I.  
(To be filled in Capital Letters by Applicant)



Registration No.-37486

Name of Applicant आवेदक का नाम	Anil		M.L. CIVIL HOSPITAL, YNR
Father/Husband Name पिता/पति का नाम	Jasnu		
Date of Birth जन्म तिथि	22/12/1989		
Gender (Male/Female) लिंग पुरुष / महिला	M		
Present Residence Address वर्तमान पता	vill- Kutipur, Khizabad, Dist		
Permanent Residence Address स्थाई पता	-DC-		
Name of Govt. Hospital/Clinic/Institution Issuing Disability Medical Certificate अपंगता मेडिकल प्रमाण पत्र जारी करने वाले सरकारी अस्पताल/क्लीनिक/संस्थान का नाम	MLDCH YAMUNA NAGAR		
Name of Govt. Hospital/Clinic/Institution Issuing Concession Certificate रियायत प्रमाण पत्र जारी करने वाले सरकारी अस्पताल/क्लीनिक/संस्थान	Dr. PARAS SINDHU MD PSYCHIATRY Registration No.-37486 M.L. CIVIL HOSPITAL, YNR		Stamp of Hospital/Institution with Sign सत्यापन करने वाले अस्पताल संस्थान की मुहर एवं हस्ताक्षर
Name & Registration No. of Govt. Doctor Issuing Concession Certificate रियायत प्रमाण पत्र जारी करने वाले डॉक्टर का नाम एवं रजिस्ट्रेशन नम्बर			
Nature of Handicap and Percentage of Disability अपंगता की प्रकृति एवं प्रतिशत	IQ 20-34 Disability 90% [Ninety Only].		
Phone No. फोन नं.	Land Line No. लैंड लाइन नं.	Mobile No. मोबाइल नं.	

Date : दिनांक

Place/स्थान

(Signature/Thumb Impression of Applicant)

आवेदक के हस्ताक्षर / अंगूठे का निशान

LIST OF DOCUMENTS TO BE ENCLOSED सभी दस्तावेज राजपत्रित अधिकारी द्वारा सत्यापित होने चाहिए सभी की दो कॉपी देवे।

Photocopies of :

- |   |                                |
|---|--------------------------------|
| 1. Railway concession certificate   | रियायती प्रमाण पत्र ( Two )    |
| 2. Disability certificate (Medical Certificate)   | मेडिकल प्रमाण पत्र ( Two )     |
| 3. Date of Birth (SSLC Certificate)   | अन्य प्रमाण पत्र ( Two Copy )  |
| 4. Residence Proof :  | निवास प्रमाण पत्र ( Two Copy ) |
| 5. Any Photo Identity card issued by Govt. - PAN CARD / Voter Card / Adhar Card पहचान पत्र (Two Copy) |                                |
| 6. Passport size Photo in color - (2 nos.) attached alongwith application form.                       |                                |

Note : All photo copies should be clear/readable

सभी फोटो प्रतिलिपी साफ एवं पठनीय होनी चाहिए। आवेदक कृपया अपने भरे हुए फार्म के साथ ऊपर लिखी सभी दस्तावेज अपने नजदीकी रेलवे स्टेशन के CBS (Chief Booking Supervisor) पास जमा करवाये।

Head Master  
G.M.S. Kutipur  
Distt. Yamuna Nagar



Concession Certificate for Persons with Disabilities(Divyangian)

Concession certificate form for orthopaedically handicapped/paraplegic person/patients/ mentally retarded person/ person with visual impairment with total absence of sight/ person with hearing and speech impairment totally(both afflictions together in the same person)



**DR. PARAS SINDHU**  
MD PSYCHIATRY  
Registration No.-37486  
M.L. HOSPITAL, YNR.

Dr. Ksh/Sri/Smt. Anil

whose particulars are furnished below is a

bonafide ORTHOPAEDICALLY HANDICAPPED/ PARAPLEGIC PERSON/ PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT / MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/ PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER IN THE SAME PERSON)\*

**Particulars:**

- a) Address: Kutipur, Khizebad, YNR  
b) Father's/Husband's Name: Jeeva  
c) Age: 30  
d) Sex: M  
e) Nature of Handicap: (To be written by doctor whether the disability is temporary or permanent) : \_\_\_\_\_  
f) Signature or thumb impression \_\_\_\_\_  
of the person seeking concession (not necessary for those with both hands missing or non-functional): \_\_\_\_\_

Place:  
Date:



Clear seal of Government Hospital#

(Signature of Dr. PARAS SINDHU  
MD PSYCHIATRY  
Registration No.-37486  
M.L. CIVIL HOSPITAL, YNR.

Seal containing full name and  
Registration Number of the Doctor#

\*Strike out where not applicable.

#For PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT, RMP/Head of institution for the blind recognized can also issue certificate for visual impairment(with total absence of sight).

1) The certificate should be issued only to those ORTHOPAEDICALLY HANDICAPPED/ PARAPLEGIC PERSON/ PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT / MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/ PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER). The photo must be signed and stamped in such a way that doctor's signature and stamp appears partly on the photo and partly on the certificate.

2) For mentally retarded person/ PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopaedically/ paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability, the certificate will remain valid for (1) five years, in case of persons upto the age of 25 years, (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of the period of validity of the certificate, the person is required to obtain a fresh certificate.

3) Photocopy of this certificate is accepted for the purpose of grant of concession. The original certificate will have to be produced for inspection at the time of purchase of concessional ticket and during the journey, if demanded.

4) No alteration in the form is permitted.