## HANDICAPPED CERTIFICATE

CERTIFICATE FOR THE PERSON WITH DISABILITIES/HANDICAPPE
This is to Certify that the Sh./Smt./Kum. Coux Pal Singh.
Son/daughter/wife of Shri
Age
Age. R/o, Village. Kaman of  Teh. Ra High Disti FATEHABAD is a case of Athen the amount of the He/she is physically disabled/visual/speech & hearing disabled and has.
7.0% (Sexelyport percent) permanent (physical
impairment/visual impairment/speech & hearing impairment)
Note:-
1. This condition is progressive /non progressive/ likely in improve/ not likely improve.
2. Re-assessment is not recommended / is recommended alter a period of
months/years.
Signature of Specialist Johnson Sig. of S.W. O.C. M. Pratchabad FATEMARAN FATEMARAN Signature/Thumb Impression of the patient
Countersigned

Civil Surgeon Figure 126 Dd

**Note:** To be filled up in duplicate & office copy kept in record. Entry be recorded in the ration card.