

**=(From-IV)
Disability Certificate
(In other cases)**

**Name and address of the Medical Authority Issuing the Certificate)
(See Rule - 4)**

Certificate No. 2796

Date 19/12/18

*Orthopaedic Surgeon
(Member Med. Board)*

This is to certify that we have Carefully examined

Srri/Smt/Kum

Son/Wife/Daughter of Shri

Male/Female Date of Birth

Age 21 years Registration No.

Address

District Karnal State Haryana whose photograph is affixed above and are satisfied that
He/she is a case of DISABILITY His /Her extent of percentage physical
impairment/disability has been evaluated as per guidelines (to be specified)and is shown
against the relevant disability in the table below

Sr. No	Disability	Affected part of Body	Diagnosis	Permanent Physical impairment/mental disability (in%)
1	Locomotor	@		
2	low Vision	#		
3	Blindness	Both Eyes		
4	Hearing Impairment	E		
5	Mental Retardation	X		
6	Mental illness	X		
7	Other Cases			

- (Please strike out the disabilities which are not applicable)
- 2 The above condition is progressive/non progressive/ likely to improve/not likely to improve
- 3 Reassessment of disability
(1) Not Necessary OR
is Recommended/ after years Months & therefore this certificate shall be valid till

(DD) (MM) (YY)

- @ e.g Left/Right/both arms/legs
e.g. Single eye/Both eyes
E e.g Left/Right/both ears

4 The applicant has submitted the following documents as proof of residence :-

Nature of Document

Date of Issue

Details of authority Issuing certificate

5 Signature and Seal of the Medical Authority

Orthopaedic Surgeon
(Member Med. Board)
Name and seal of member

Principal Medical Officer
District Hospital, Karnal
(Member Med. Board)

Chairman Medical Board
Name and seal of Chairperson

Signature /Thumb Impression of the
person in whose favor disability certificate is issued

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