

STANDARD FORMAT FOR THE CERTIFICATE O/o CIVIL SURGEN FATEHABAD



Certificate No. 1623

Dated 15-12-20

CERTIFICATE FOR THE PERSON WITH DISABILITIES/HANDICAPPED

This is to Certify that the Sh./Smt./Kum.

Son/daughter/wife of Shri.

Age 22 A4

R/o, Village.

Teh. Distt FATEHABAD is a case of.

He/she is physically disabled/visual/speech & hearing disabled and has 100%.

(Hundred 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

Signature/Thumb Impression
of the patient

Sig. of S.M.O. Fatehabad

CIVIL SURGEON
FATEHABAD

Civil Surgeon, Fatehabad

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