

# DISTRICT MEDICAL BOARD INDORE

## CERTIFICATE FOR MENTALLY RETARDED PERSONS

This is to certify that Shri/Smt./Ku.. .....

Whose particulars are furnished below is a bonafide mentally retarded person.

Particulars of the Mentally retarded Person :-

(1) Age ..... (2) Sex .....

(3) Address .....

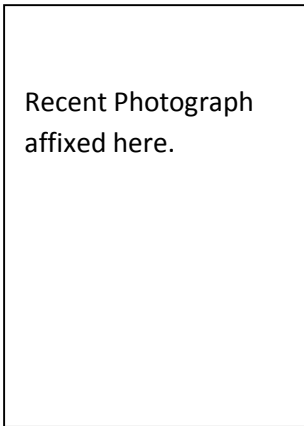
(4) Fathers's/ Husband's Name .....

(5) Personal Identification mark (i) .....

(ii) .....

His/Her IQ is .....

He/She comes under the category of Moderate/Mid/Severe/Profound M.R. Person.



Signature of Government

Doctor/Hospital

Place .....

Date .....

Seal of Government

Doctor/Hospital