

DISTRICT MEDICAL BOARD INDORE

(For OH/VH/Sp&Hg)

Certificate No.

Date

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

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

Son wife/daughter of Shri

Age.....yrs old male/female, Registration No.....

is a case of

He/She is Physically disabled/visual disabled/ speech & hearing disabled and has % (percent) permanent(physical impairment/visual impairment/speech & hearing impairment) in relation to his/her

Note :

1. This condition is progressive/likely to improve/not likely to improve*
2. Re-assessment is not recommended/recommended after a period of months/ years.*

*Strike out which is not applicable

Sd/-
(Eye Surgeon)
Seal

Sd/-
(Doctor)
Seal

Sd/-
(Doctor)
Seal

Signature/Thumb impression

of the patient.

Countersigned by the
Medical Superintendent/CMO/
Head of Hospital (with Seal)

Recent Attested
Photograph showing the
disability affixed here.