

# 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.