

PHYSICAL HANDICAPPED CERTIFICATE

I certify that I have examined Sri. Smt.
..... Whose signatue/thumb
impression give below and I found that He / She is physically disabled

Nature of Disability

1.Blindness.....
.....

2.Deafness.....
.....

Orthopedically disabled

3.Any other deformity

According o histher own statement

And by appearance years old .

IDENTIFICATION MARKS

1.....

2.....

Signature I thumb Impression of the applicant

Date:

Station :

Signature of Medical Officer
& Designation