

## APPLICATION FORM FOR ISSUE OF DISABILITY CERTIFICATE

To

The Chairman,  
Disability Board,  
Government Medical College and Hospital,  
Chandigarh.

Sir,

Please issue me Physical Disability Certificate. My particulars are given as under:

Name		Father's/ Husband's name	
Age		Sex	
CR No.			
Address			
Certificate required for	MACT (court case) Pension / Travel concession / Income tax benefit Any other (please specify)		
Nature of handicap (Tick on relevant disability for which you want to have a certificate)	♦ Locomotor ( Orthopedic handicap) ♦ Visual ( Eye handicap) ♦ Speech / Hearing (E.N.T. handicap)		
IDENTIFICATION MARKS (PLEASE MENTION 2 IDENTIFICATION MARKS) LIKE MOLE OR OLD SCAR MARK.	1.		
	2.		

Dated :

Signature/Thumb Impression of Applicant

- Note: -
1. Please submit the Disability Application Form seven days before the Disability Board Meeting.
  2. Disability Board meeting will be held on first Friday of every month.
  3. Please bring two passport size photograph alongwith all the old hospital record (If any).
  4. Please attach the photocopy of OPD card.

### FOR OFFICIAL USE ONLY

DIAGNOSIS		
DISABILITY PERCENT	IN NUMERICAL	
(WRITE WITH RESPECT TO)	IN WORDS	

Signature of Doctors