**DISABILITY CERTIFICATE**

This is to certify that **Shri/Smt/Kum** Son/wife/daughter of **Shri** Aged years old male/female, with case registration number  **is a case of**

He/She is physically disabled and has **% ( per cent)** permanent physical impairment in relation to his/her

Note:-

1. This condition is progressive/non-progressive and likely to improve / not likely to improve without further intervention.  
2. Re-assessment is not recommended / is recommended after a period of months/years.  
3. Based on history, physical examination findings and x-rays.  
4. Documents referred:

THE GAZETTE OF INDIA : CG-DL-E-15032024-253066 No. 1272 EXTRAORDINARY [PART II—SEC. 3(ii)] MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT available at https://egazette.gov.in

Signature / Thumb impression of the patient.

(Dr. Your Name here )

Date:

Seal