

CERTIFICATE OF DISABILITY

"THIS CERTIFICATE IS NOT VALID FOR MEDICO-LEGAL PURPOSE"

File/Ref No _____ Name of Hospital _____ This is to
certify that Shri/Miss _____ aged _____ years Son/Daughter of No. _____
Rank _____ Name _____ is a case of
_____ (Diagnosis) with onset of disability at
_____ years of age.

He/She is physically/mentally handicapped/challenged and the disability is of a permanent nature. It is also certified that the individual is unable to be gainfully employed or can have only restricted employability status due to his /her disability and cannot earn his/her livelihood.

Clinical Notes

Affix Attested
Photograph of
individual.

(Signature/Thumb Impression of individual)

(Signature and stamp of Classified Specialist)

(Signature and stamp of Senior/Addl Advisor of
Speciality/Allied Speciality) See note 3 and 4 below)

COUNTERSIGNED

Place :
Date :

Commandant/CO
Military Hospital

Note.

1. To be filled a Service Hospital by concerned classified specialist.
2. Photograph to be attested by Specialist certifying the disability.
3. Signature of Senior Advisor/Addl Advisor required.
4. In the even of Senior Advisor / Addl Advisor of concerned/allied speciality not being available locally in a station the Commandant/Commanding Officer of Service Hospital will arrange to obtain recommendation of concerned/allied Sr. Adviser of the Zone.