

अक्षम व्यक्तियों के लिए योजनाएं  
(Scheme for Persons with Disabilities)

1. विकलांगता पहचान पत्र

**Annexure-I**

**Application for disability certificate**

To

The Chief Medical Officer  
District \_\_\_\_\_ At \_\_\_\_\_ (H.P.)

Sub:-

Disability Certificate.

Sir,

I \_\_\_\_\_ S/O, D/O, W/O Shri \_\_\_\_\_

Age \_\_\_\_\_ Years, Sex Male/Female, am a permanent resident of Village/Town  
\_\_\_\_\_ P.O. \_\_\_\_\_ Tehsil \_\_\_\_\_ Distt. \_\_\_\_\_ H.P.

I am suffering from \_\_\_\_\_ Kindly

examine me medically

and issue me disability certificate.

Date:-

Yours faithfully,

Signature/thumb Impression of  
Applicant.

