

ಅಂಗವಿಕಲ ಮೀಸಲಾತಿ ಪ್ರಮಾಣ ಪತ್ರ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಅಧಿಕೃತ ಜ್ಞಾಪನ ಸಂಖ್ಯೆ ಸಿಆಸುಇ 115 ಸೆನೆನಿ 2005,
ದಿನಾಂಕ 19-11-2005

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Sri/Smt/Kum
Son/Wife/Daughter of Shri Age old,
male/female, Registration No. is a case of

He/She is physically disabled visual disabled speech & hearing disabled and has
& percent) permanent (Physical impairment visual impairment speech & hearing
impairment) in relation to his/her

Note:

1. This condition is progressive/non progressive likely to improve / not likely to improve.
2. Re-assessment is not recommended / is recommended after a period of
..... months/years.

*Strike out which is not applicable.

Recent
Photograph
showing
the disability
affixed here.

DOCTOR
(Seal)

DOCTOR
(Seal)

DOCTOR
(Seal)

Countersigned by the
Medical Superintendent CMO/Head of Hospital
(with seal)