DISABILITY CERTIFICATE DISTRICT MEDICAL BOARD _ kabirdha m Certificate No. 24 Date .. | D. | . 200) CERTIFICATE FOR THE PERSONS WITH DISABILITIES This is to Certify that Shri/Smt./Ku. 50 414 Son/Wife /Daughter of Shri ________of a case _______of a case of proble to speech since first. He/She is physical disabled / visual disabled / Speech & hearing disabled and has 457.% (______ Percent) permanent (Physical impairment/ Visual impariment/speech & hearing impairment) in relation to his/her Permanent / Temporary disability. Note:-This condition is progressive/non-progressive/likely to improve/not likely to improve* 1. Re-assessment is not recommerioded / is recommended after a period of 141 Our years* Strike out which is not applicable. Signature Thumb impression of the PWD Distribution (Construgation Board Qiathhe Ghairman Gi District Medical Board

30 Jat