

# Government of West Bengal

Name of the Hospital

Address-

## Disability Certificate

(Certificate issued as per order No-HF/O/PHP/292/HAD/9M-57-2002(Pt I), dt-8<sup>th</sup> May 2003)

No .....

Dated .....

Passport  
Size Photo

On our examination of Shri/Smt..... Aged about.....yrs,  
Son/Daughter/Wife/Husband of.....  
Address.....  
it is certified that :

1. He/She is a physically (Orthopaedically, Visionary, and Hearing) disabled/Mentally Challenged person with ..... (Nature of disability).....
2. The disability reportedly is congenital/caused by injury/diseases not likely to respond to any sort of treatment.
3. His/Her percentage of permanent/partial disability is calculated as .....% (..... percent) & having chances of variation the case requires review after.....yrs.
4. He/She being mentally challenged person with a IQ of..... hence falls under the category of Mild/Moderate/Severe/Profound.
5. The assessment has been made as per instruction issued by the Govt of India vide no-16-18/97-NI. Dt. 18.2.2002
6. He/She can/cannot travel without assistance of an escort.
7. He/She may be provided with..... (Name of the Prosthetic Aids and appliances) which will increase his/her mobility and functional independence.
8. Special remarks, if any.....

Signature of the members of the board  
(with Rubber Stamp)

Sig/LTI of candidate

1.

2.

3.

4.

Sig/LTI taken in presence of

Sig of the Medical Superintendent  
& Chairman

Seal of the Hospital