

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 Attested Photograph showing the disability affixed here)

Sd/-

(Doctor)

(Seal)

Sd/-

(Doctor)

(Seal)

Sd/-

(Doctor)

(Seal)

Countersigned by the

Medical Superintendent CMO / Head of Hospital (with seal)

Signature / Thumb impression
of the disabled person

Explanation:-As per Notification No. DPAR 50 SRR 2000 dated 03-09-2005 "Physically Handicapped candidates" or "person with disability" means a person suffering from not less than forty percent of any of the following disabilities :- (1) Blindness (2) Low Vision (3) Hearing impairment (4) Locomotor disability (5) Leprosy cured (6) Mental retardation (7) Mental illness.