

ANNEXURE-15

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 in a
case of He/She is
Physically Disabled / visual disabled/speech & hearing disabled and had% (in
words.....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/year *

*Strike out which is not applicable.

(Recent
attested
Photograph
showing the
disability
affixed here)

Sd/-
Arthopaedic /
Eye /ENT /Psychiatrist
Member, Medical Board

Sd/-
Senior Specialist
Member, Medical
Board

Sd/-
Chairperson District
Surgon District
Hospital

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

Signature/Thumb impression
Of the disabled person.