

**NAME & ADDRESS OF THE INSTITUTE OF HOSPITAL**

**Certificate No.** \_\_\_\_\_ **Date** \_\_\_\_\_

Recent  
Photograph of the  
candidate showing  
the disability duly  
attested by the  
Chairperson of the  
Medical Board

**DISABILITY CERTIFICATE**

This is certified that Sh./ Smt./Kum \_\_\_\_\_ son/ wife/daughter of Sh. \_\_\_\_\_  
age \_\_\_\_\_ sex \_\_\_\_\_ identification mark (s) \_\_\_\_\_ is  
suffering from permanent disability \_\_\_\_\_ as per Right of Persons with  
Disabilities Act, 2016.

\*Percentage of disability in his/her case \_\_\_\_\_

Thus the candidate is Differently Abled as per standard norms of Haryana.

(Dr. \_\_\_\_\_)  
Member  
Medical Board

(Dr. \_\_\_\_\_)  
Member  
Medical Board

(Dr. \_\_\_\_\_)  
Chairperson  
Medical Board

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

\*The Differently Abled disability should not be less than 40% and should not interfere with the requirement of professional career such as Engineering/Architecture/Technician etc.