

**APPLICATION FORM FOR ISSUE OF DISABILITY CERTIFICATE**

To

The Chairman,  
Disability Board,  
Government Medical College & Hospital,  
Sector-32,  
Chandigarh.

Sir,

Please issue me Disability Certificate. My particulars are given as under :-

Name		Father's Husband's Name	
Age		Sex	
C.R. No.			
Address Permanent	Address correspondence		
Certificate required for (Please tick)	MACT (Court Case)/Claim case Pension/Travel concession/Income Tax benefits Any other (please specify).		
Nature of handicap (Tick on relevant disability for which you want to have a certificate)	- Locomotor (Orthopaedics handicap) - Visual (Eye handicap). - Speech. - Neurological. - Any other (please specify)		
Identification marks(Please mention 2 identification marks) like mole or old scar mark.	1.		
	2.		

Date :

Signature /Thumb Impression of Applicant.

**Instructions for the Applicant :**

1. Disability Board meeting will be held on **first Friday of every month**.
2. Please bring **three passport size recent photograph** alongwith all the old hospital record (if any).
3. Please attach the photocopy of the GMCH-32, **OPD card**.
4. **Fees** : For Court case(MACT purpose)/Claim case **Rs. 690/-** and for other purposes i.e., travelling, pension & Income Tax benefits etc. **Rs. 30/-**.

**FOR OFFICIAL USE ONLY**

<b>DIAGNOSIS</b>		
<b>DISABILITY PERCENT (WRITE WITH RESPECT TO)</b>	<b>IN NUMERICAL</b>	
	<b>IN WORDS</b>	

**Signature of Doctor**