

Certificate for Physically Handicapped Candidate to be issued by Govt. Hospital

1. Name of the Candidate Mr./Ms. \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Percentage of loss of hearing capacity in Words \_\_\_\_\_
5. Name of the disease causing handicap \_\_\_\_\_
6. Whether handicap is temporary or permanent? \_\_\_\_\_
7. Whether handicap is progressive or non progressive? \_\_\_\_\_

Affix  
Passport size  
Photograph  
duly attested  
by the PMO

\_\_\_\_\_  
Member  
(Orthopaedic specialist)

\_\_\_\_\_  
Member

\_\_\_\_\_  
Principal Medical Officer  
Govt. Hospital  
Seal of the Office

Date: \_\_\_\_\_

**Note:**

1. The medical board must comprise one Orthopaedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.