| Extract from Haryana Government Gazette, dated the 17th September, 2013] HARYANA GOVERNMENT

HEALTH DEPARTMENT

Notification

Subscription of bloow only 2 The 12th September, 2013 w

No.28/195/82-6HB-I:-In supersession to the Medical Board notification No. 28/195/82-5HB-1 dated 21.3.1989, appellate Medical Boards at Divisional level notification No. 28/195/82-5HB-1 dated 13.1.2003, and in pursuance of Government of India Ministry of Welfare notification no. 4-2/83-HW-II dated 06.08.1986 amended in time to time, the provisions of sub-clause (p) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, Rules 1996 amended thereafter time to time, the Governor of Haryana is hereby specify for the purpose of issue of certificate of disability as mentioned in sub-clause (t) of the said section 2, the institutions mentioned in the table given below, as "Medical Authorities" for the type of disability for issuance of certificate.

Special tests as indicated in the Government of India notification dated 1986 and amended thereafter time to time or by the State Govt. shall be got conducted by the Medical Authorities and recorded before issuing the certificate to the concerned handicapped person.

1. General Guidelines:-

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A person with disability desirous of getting a certificate in his/her favour shall submit a dully filled Form-I in the office of Civil Surgeon along with all documents including OPD Slip/Indoor Cards, investigation, X-Ray, etc.

- ii. The term Medical Board is replaced with Medical Authority.
- iii. All Motor Accidental and Claimed Tribunal (MACT) cases shall be charged Rs. 100/- for each certificate and it will be deposited in Account of user charges.
- iv. The Medical Authority shall meet on every working Wednesday.
- v. The Medical Authority will examine all cases as per the Technical Parameters of Govt. of India or by State Govt.
- vi. The record of each applicant must be available for future reference in the office of Civil Surgeon.
 - vii. The Disability Certificate shall be issued on prescribed format as per annexures.
 - viii. The Disability Certificate shall bear name & designation of the members of medical authority along with seal.
 - Efforts shall be made for the computerization of the record.
 - If the District Medical Authority is unable to issue certificate due to any reason then the Medical Authority may refer the case to the State Medical Authority at PGIMS, Rohtak by passing speaking order.
 - xi. The Disability Certificate shall be valid for all benefits as per Govt. rules.
 - xii. Only Passport size photograph shall be pasted on the certificate.
 - xiii. The photo must be signed and stamped on the certificate by the specialist in such a way that signature and stamp appears partly on the photo and partly on the certificate.
 - xiv. No certificate shall be issued if the percentage of disability is less than 40% except in cases where the Hon'ble Court passes specific order.
 - xv. The tests prescribed to evaluate the disability shall be got conducted in Govt. institutions on recommendation of the specialists.
 - xvi. The committee shall write clearly about the percentage of disability and also mention detail of reasons of disability so that departments will not find any difficulty in granting the benefits.

xvii. The de

xviii.

- The decision of the State Medical Authority shall be final.
 - The District Medical Authority may take the services of a specialist from other Govt. hospitals of the districts if required and also can refer cases for investigations if these are not available in the concerned Govt. Hospital. They may refer only those cases if a specialist is not available in the district hospital or which require specialized investigation and it is to be supported by reasons and speaking order shall be passed.

2.

MEDICAL AUTHORITIES

.r2 .oN date date HW-	atterned cation No. 28/195/82-5HB-	for the purpose of the disability mentioned in col.2	21.3.1989, appellate Medical Boards at D 13.1.2002, and in pursuance of Government dated 06:08 1986 amended in time to time
, Pule	Full Participalgon) Act, 1995	ection of a gights and	with Disabilities (Eng al Opportunities, Pro
bose tu f on ance o 36 an fedica	 Locomotor Disability in case of amputation or complete permanent paralysis of limbs and in cases of Blindness (to be issued on Form-II) 	District Medical Authority at District Level	 (i) Civil Surgeon - Chairman (ii) Principal Medical Officer/Medical Supdt / Senior Medical Officer/Incharge of Distt. Hospital Member. (iii) Concerned Specialist/sMember/s The expert to be nominated by the Civil Surgeon as under :-
bmit: ig OPE 0/- fe	 (ii) Multiple Disabilities (To be issued on Form-III) (iii) In other cases (to be 	of Civil Surgeon along , X-Ray, etc. eed with Medical Auth ed Tribunal (MACT) o	Ophthalmologist, ENT Surgeon, Orthopedic Surgeon, Psychiatrist, Physician etc.
2.	issued on Form- IV) Locomotor Disability in case of amputation of limbs only (to be issued on Form-VI)	Sub-Divisional Medical Authority at Sub-Divisional Hospital	 (i) Senior Medical Officer/Medical Officer I/C Sub-Divisional Hospital - Chairman (ii) Medical Officer who may or may not be Orthopaedician at the Sub-Divisional Hospital Member.
3. 10 m		State Medical authority at PGIMS Rohtak	 (ii) Dy. Medical SupdtMember. (iii) Concerned Specialist/sMember. (Ophthalmologist, ENT Surgeon, Orthopedic Surgeon, Psychiatrist, Physician etc.) Any person aggrieved by the decision of Medical Authority at district/ sub-
i cases utions	(ii) Multiple Disabilities	s partly on the photo an e percentage of disals pecific order.	to DGHS for examination at State Medical authority PGIMS Rohtak. The decision of the State Medical Authority PGIMS Rohtak shall be

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3. Application for issue of disability certificate.

(1) A person with disability desirous of getting a certificate in his favour shall submit an application in Form-I, and the application shall be accompanied by -

(a) proof of residence, and(b) two recent passport size photographs.

be supported by reasons and speaking order shall be passed.

Organizations funded by the Government subject to such conditions as may be specific relevant schemes or instructions of **- ot bettimdus ed link noising (2)**

(i) a medical authority competent to issue such a certificate in the district of the applicant's residence as mentioned in the proof of residence submitted by him with the application, or

(ii) the concerned medical authority in a Govt. Hospital where he may be undergoing or may have undergone treatment in connection with his disability:

Provided that where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian.

4. Issue of disability certificate -

5.

(1) On receipt of an application Under Rule 3, the medical authority shall, after satisfying himself that the applicant is a person with disability as defined in sub-clause (t) of section 2 of the Act, issue a disability certificate in his favour in Form II, Form III, Form IV or Form VI as applicable.

(2) The certificate shall be issued as far as possible, within a week from the date of receipt of the application by the medical authority, but in any case, not later than one month from such date.

(3) The medical authority shall, after due examination, -

i. give a permanent disability certificate in cases where there are no chances of variation, over time, in the degree of disability, and

ii. shall indicate the period of validity in the certificate, in cases where there is any change of variation, over time, in the degree of disability

(4) If an applicant is found ineligible for issue of disability certificate, the medical authority shall explain to him the reasons for rejection of his application, and shall also convey the reasons to him in writing in Form V.

(5) A copy of every disability certificate issued under these rules by a medical authority other than the Chief Medical Officer shall be simultaneously sent by such medical authority to the Chief Medical Officer of the district.

Review of a decision regarding issue of, or refusal to issue, a disability certificate -

(1) Any applicant for a disability certificate, who is aggrieved by the nature of a certificate issued to him, or by refusal to issue such a certificate in his favour, as the case may be, may represent against such a decision to the medical authority as specified for the purpose by the appropriate Government:

Provided that where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian.

(2) The application for review shall be accompanied by a copy of the certificate or letter of rejection being appealed against.

(3) On receipt of an application for review, the medical authority shall, after giving the appellant an opportunity of being heard, pass such orders on it as it may deem appropriate.

(4) An application for review shall, as far as possible, be disposed of within a fortnight from the date of its receipt, but in any case, not later than one month from such date.

6. Certificate issued under rule 4 to be generally valid for all purposes.

supported by reasons and species i de-

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy

A certificate issued under rule 4 shall render a person eligible to apply for facilities, concessions and benefits admissible under schemes of the Government and of Non-Governmental Organizations funded by the Government, subject to such conditions as may be specified in relevant schemes or instructions of Government, etc., as the case may be.

	isue such a certificate in	(i) a medical authority competent to is
7. Forms	of residence submitted	APPLICATION (Form-I)
and and		(ii) the concerned (ii)
		BIDDEFEOINE OF MAY have undersone treatment in con
APPLICAT	ION FOR OBTAINING DI	SABILITY CERTIFICATE BY PERSON WITH DISABILITIES
1001. Name	s him unfit or unable.	(oread of bit)
(Surna	y be made by his lega (am	(First Name) or application of (Middle Name) • Issue of disability certificate
2 Father	's Name	Mother's Name
	en de sub-chec a berden en	he bimself that the applicant (person with disability
3. Date o	(Date)	iti q thë Act. (arseY) disability ce rtificat (htnoM) your in applicable.
4. Age at	the time of application:	[2] ² The certificate she zraey
5. Sex:	Male/Female	date. Weenu as nogrue IIVI.)
		oggiug ⁽³⁾ The medical authority shall, after due examit
		riteldayed i, angive a permanent disability certificate in cas
(a) Pe	rmanent Address	(b) Current Address (i.e. for communication
ere is any char	n etel w sesso metel u	ii. shall indicate the period of validity in the certain of variation, over time, in the degree of disab
	disability certificate, (no)	(c) Period since when residing at current address
		to hh a in writing or form your
7. Educ	ational Status (Pl. tick as a	(5) A copy of every disability certain (5)
(i) authority	Post Graduate	other than the Chief Medical Officer shall be simple
(ii)	Graduate	the Chief Medical Officer of the district
(iii)	Higher Secondary	5. Review of a derision regarding issue of or refusa
	Matriculation	
(iv) (v)	Middle	(1) Any applicant for a disability certificate, who issued to him, or by refusal to issue such a certifica
(vi)	T SIN CD TREAM CHAINE TH	represent against such a decision to the medical aut
· (vii)	Illiterate	
		ered Provided that where a person with disability is a min
8 000	nation	
9 Iden	tification Marks (I)	
J. Iuch	nied by a copy of the cert	[2] The application for review shall be accompa
	f dischility Locom	otor/Hearing/Visual/Mental/Others
10 Nati	re of disability: Locom	otor/Hearing/Visual/Mental/Others
10 Nati	od since when disabled: F	rom Birth/Since year
10 Nati	od since when disabled: F	rom Birth/Since year issue of a disability certificate in the pastYes/No
10. Natu 11. Peri 12. (i)	od since when disabled: F Did you ever apply for If Yes, details:	rom Birth/Since yearYes/No
10. Natu 11. Peri	od since when disabled: F Did you ever apply for If Yes, details:	rom Birth/Since yearYes/No issue of a disability certificate in the pastYes/No
10. Natu 11. Peri 12. (i)	od since when disabled: F Did you ever apply for If Yes, details: (a) Authority to whom	rom Birth/Since yearYes/No

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other

Recent PP r Attested Photograph		OF THE MEDICAL AUTHO CERTIFICATE)	i chowing i by pr opsimals	
(Distance) (a only) of the pers Differentiability 201	oi Date:	entries that we	disability, or of his/her l	with egal
	have – carefully Son/Wife/Da	that we denote that we have been been been been been been been be	guardian in case of persons mental retardation, aut cerebral palsy and mul disabilities).	ism,
Date:	CYY \MM \G		Female	
Place:	No		resident of	
1. Proof of re	esidence (Pease tick	k as applicable and attached	Post OfficeOM normal	
Encl.: 1. Proof of re (a) Ration (b) Aadha (c) Voter (d) Drivin	a card r Card Identity card ng License	k as applicable and attached	toco motor Disability. "www.	
Encl.: 1. Proof of re (a) Ration (b) Aadha (c) Voter (d) Drivin (e) PAN c	a card r Card Identity card ng License ard	k as applicable and attached	toco motor Disability. "www.	
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Encl.: 1. Proof of re (a) Ration (b) Aadha (c) Voter (d) Drivin (e) PAN c (f) Passp (g) Landli (b) A cert	a card or Card Identity card og License ard ort ine BSNL Telephone ificate of residence	k as applicable and attached e, Electricity and Water bill issued by a Cantonment Au	l photocopy) indicating the address of the appli thority	it_ol AuA Sol
Encl.: 1. Proof of re (a) Ration (b) Aadha (c) Voter (d) Drivin (e) PAN c (f) Passp (g) Landli (h) A cert (i) In cas menta	a card r Card Identity card Ig License ard ort ine BSNL Telephone ificate of residence e of an inmate of a l	k as applicable and attached e, Electricity and Water bill issued by a Cantonment Au residential institution for pe cate of residence from the he	l photocopy) indicating the address of the appli thority ersons with disabilities, destitute,	11_04 1973 1973 1973 1973 1973 1974 1975 1975 1975 1975 1975 1975 1975 1975

Remarks

Signature and Seal of the Medical Authority

Date:	•	Signature of issuing Authority Stamp
Name and seal of sould	Name and seal of member	Name and seal of member
		Signature/Thumb impression of the person in whose favour disability certificate is issued.

Date of Issue

(NAME AND ADDRESS OF T	(See Rule-4) THE MEDICAL AUT CERTIFICATE)	HORITY ISSU	JING THE	Recent Atteste Photog	d raph
(Signature or left thumb- impression of person with			100000000000000000000000000000000000000		ng fac f the person sability
Certificate No. This is to certify		Date:	6.Il.		minod
This is to certify	that we	have	carefully		amined
Shri/Smt/Kum.		Son	/Wife/Daug	shter o	of Shri
disabilities).	_ Date of Birth			Age	years,
Male/FemaleName and		(DD/ MM,	Name and		Date: . Place:
Registration No	Permanent	resident	of	10	House
NoWard/Village/Street	the hose at the statement	Post	Office		End :
DistrictState, who					at:
(A) He/ she is a case of: (Please tick as appli					
LINGTL BEREDALL	cubicj	ard		c) Vote	
Loco motor Disability.)
• Blindness			card	e) PAN	
(Please Tick as applicable)			port	î) Pasš) -, -
(B) The Diagnosis in his/her case is	ectricity and Water	Telephone, El			
	19 MOLOCIC VO DA	11221 Annohioar			

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
		narks

3. Signature and Seal of the Medical Authority.

Signature of issuing Authority Stamp	-	ate:
Name and seal of member	Name and seal of member	Name and seal of Chairperson
Signature/Thumb impression of the person in whose favour disability certificate is issued.		

7 (Form-III)

Declaration: Thereby,

DA DNA 3MAN) wil 1907 28 m ils of authority issuing ficate	(See Rule-4)	ocument	Attested Photograph (Showing face only) of the person with disability
Certificate No. This is to	certify that we	Date: have carefully	examined
Shri/Smt/Kum.	Date of Birth	_ Son/Wife/ Daugh	
Male/Female		(DD/ MM/ YY)	
Registration No.	rember of member	ent resident	of mal House
NoWard/Villa	ge/Street	Post Office	
District State (A) He/She is a Case of M impairment/disability has been below, and shown against the re	NULTIPLE DISABILITIES. Hi evaluated as per guidelines (to	s/her extent of perm o be specified) for the di	anent physical

Sr.No.	Disability	Affected part of Body	Diagnosis	Disability (in %)
1	Locomotor Disability	@	-	L
2	Low Vision	n Electricity#ind Water t	di sefenites (*	Saddress of the angles of
3	Blindness	Both Eyes	hathority	
4	Hearing Impairment	esidential Estimation for	persons with di	sabilitins, pestitute,
5	Mental Retardation	X	head of such ins	
6	Mental Illness	X		

(B) In the light of the above, his/her over all permanent Physical impairment as per guidelines (to be specified), is as follows :).

In fig	ures:	Percent.
In W	ords	(percent)
2.	The c	ondition is progressive/Non-progressive/likely to improve/ not likely to improve.
3.	Rease	essment of disability:-
	(i)	Not Necessary,
		Or
	(ii)	is recommended/ after yearsmonths, and therefore this certificate shall be valid till
		(DD) (MM) (YY)
@	e.g. L	eft/Right/both arms/legs
#	e.g. S	ngle eye/Both eyes
		·

8

e.g. Left/Right/both ears £

The applicant has submitted the following documents as proof of residence:-4.

ANAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE RECENT

	f Document		Date of	Issue		Detai	ls of aut	hority i	ssuing
			(4)	"(See Rule	· · · ·	certif	icate		
		Date:							a storo (vil) entificate No.
000000			952		tify				

Signature and Seal of the Medical Authority. 5.

/ MM/ YY)	da) paratisi lank	e/Female
	Million I. Million	- W0
Name and seal of member	Name and seal of member	Name and seal of
11.0000		Chairperson

Signature /Thumb impression of the person in whose disability favour is certificate issued. Sr.No. Disability Affected part of Body Diagnosis

1.	Locomotor Disability		(alder there are the second states)
	bow Vision		
3	Blindness	Both Eves	
4	Hearing Impairment	£	
	Mental Retardation	a to bis/heX	
	Mental Illness	X	

(B) In the light of the above, his/her over all permanent Physical impairment as per guidelines (to be

e.g. Left/Right/both arms/legs

e.g. Single eye/Both eyes

ssuing		(Form-IV)	pircan nas sen na ang	4 1 De ap
·	NAME AND ADDRESS O	F THE MEDICAL AUT CERTIFICATE)	HORITY ISSUING THE	Recent PP size
Certificate No.		(See Rule-4)	Date:	Photograph (Showing face only) of the person with
This	is to certify	that we	have carefully	examined
Shri/Smt/Kum.	on of Application for Dr	al Authority	Son/Wife/ Daugh	iter of Shri
Sub; Rejecti	on of Application for Di	Date of Birth	Age	years,
Male/Female	relar to your application	datedfile_is	(DD/ MM/ YY)	ficate for the
Registration		Permanent	resident	of House
	and the second			
	Ward/Village/Street State, v	vhose photograph is	affixed above, and am	n, satisfied that
	case of			
impairment/dis	ability has been evaluate	d as per guidelines (to	o be specified) and is sh	own against the
relevant disabili	ty in the table below:		of the	impression

Sr.No.	Disability	Affected part of Body	Diagnosis	Permanent Physical impairment/mental disability (in %)
1	Locomotor Disability	@	your application	that may represent th
2	Low Vision	#	this decision.	Construction of the second sec
3	Blindness	Both Eyes		
4	Hearing Impairment	£		y ours tarbitulity.
5	Mental Retardation	X		
6	Mental Illness	X	in the second	
7.	Other Cases			Blama and Serve

(Please strike out the disabilities which are not applicable)

The above condition is progressive/Non-progressive/likely to improve/ not likely to improve. 2.

- Reassessment of disability:-3.
 - Not Necessary, (i)

Or

is recommended/ after _____ years_____ months, and therefore this certificate shall be (ii) valid till_ (YY)

(MM) (DD)

e.g. Left/Right/both arms/legs @

- e.g. Single eye/Both eyes #
- e.g. Left/Right/both ears £

4. The applicant has submitted the following documents as proof of residence:-

[Nature of De	ocument	Date of Issue	Details of authority is	suing
sis	Recent PP	ORUTY ISSUING THE	OF THE MEDICAL AUTH CREATELCATED	certificate A BMAM)	Névéroi (19
	Photograph (Showing		(See Rule-4)		
1	lo (via)			Date	- #
<u></u>	index sig		alfo thus was	baye obrehiliy	off also No.

5. Signature and Seal of the Medical Authority.

Date of Birth Age Stansed

gistration No Ward A	MM \da)	Petranegija et et po	iale <u>10 (noise</u>	le∥Pen
oH la stat		Barris and American Porma	Los Montella official description	ide nteig
Name and seal of mer	nber Nam	e and seal of member	Name and seal Chairperson	of bid
of percentage phys	His/her, extent	disability.	s	
Signature/Thumb impression of the person in whose favour disability certificate is issued.	Diagnosis dal ont betweele	kow: Affected part of Body More to the action genera		0.0676 1.00.7
		6 Details o	Locomotor Disability	
		# 1	Low Vision	
		Both Eyes	Blindness	3.0
a de la companya de la	a state tradeed of	E .	Hearing Impairment	4
			Mental Refardation	
		X	Mental Illness	6
			Other Cases	

(Please strike out the disabilities which are not applicable)

The above condition is progressive/Non-progressive/likely to improve/ not likely to improve.

Reassessment of disability:-

(i) Not Necessary, M

Luncipal Security is cause 40.

is recontinenced/after _____years _____months, and therefore this certificate shall be valid till

(MM) (dd)

e.g. Left/Right/both arms/legs

e.g. Single eye/Both eyes

特

3

e.g. Left/Right/both ears

Form V

Intimation of Rejection of Ap	nlication for Disability (ortificate
		citilitate
(Se	e Rule-4)	SPACIFIC CONTRACTOR
	DAUDKESS OF THE MEDI CERTIFIC	(NRAMAR) (Straffic
	Dated:	in stograph
vilidiszib		odyle d
Date.		ertificate No.
(Name and address of applicant For Disability Certificate)	svertify that svert aw test	This is to http://www.vilute.co
of Birth AgeNALA		de/ linumber of Sh
ib: Rejection of Application for Disabilit	y Certificate.	Aale/Fentale
Please refer to your application dated llowing disability: Pursuant to the above application, you uthority on, and I regret to inform	u have been examined by n that, for the reasons m	the undersigned/ Medical
ossible to issue a disability certificate in your	N 10 222 112 222 112 1 10 1	C) He /She has
(i) as a present of the control of t	CHERT STATES TO LEASE	or normal in nerrowen
A set of the first set of the set	a second s	Construction of the second state of the
trag betoeffA	bmitted the following docu	
(iii) (iii) In case you are aggrieved by the re	ejection of your application of this decision.	on, you may represent to Yours faithfully,
 (iii) 3. In case you are aggrieved by the re, requesting for 	ejection of your application of this decision.	on, you may represent to Yours faithfully,
 (iii) 3. In case you are aggrieved by the re, requesting for 	ejection of your application or review of this decision.	on, you may represent to Yours faithfully,
(iii) 3. In case you are aggrieved by the re- , requesting fo	ejection of your application or review of this decision.	on, you may represent to Yours faithfully nature of Medical Authority
(iii) 3. In case you are aggrieved by the re, requesting fo	ejection of your application or review of this decision.	on, you may represent to Yours faithfully, nature of Medical Authority
(iii) 3. In case you are aggrieved by the re , requesting for to ison bas ament	ejection of your application or review of this decision.	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) 3. In case you are aggrieved by the re , requesting fo	ejection of your application or review of this decision.	on, you may represent to Yours faithfully nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the re requesting fo	ejection of your application or review of this decision.	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the re, requesting for	ejection of your application or review of this decision.	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the re, requesting fo	ejection of your application or review of this decision.	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the re, requesting fo	ejection of your application or review of this decision. Control is a loop of the second Sign	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the re, requesting fo	ejection of your application or review of this decision. Sign	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the reconstruction of the requesting for the requesting for the reconstruction of the requestion of the reconstruction	ejection of your application or review of this decision. Control is a located and Sign	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the re- requesting for the requestion of the requ	ejection of your application or review of this decision. Canodia A leaded and Sign reduced to be a base	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) In case you are aggrieved by the re- , requesting for , r	ejection of your application or review of this decision. Control is a located and Sign	on, you may represent to Yours faithfully, nature of Medical Authority (Name and Seal)
(iii) 3. In case you are aggrieved by the re- , requesting for , requesting for	ejection of your application or review of this decision. Canodia A leaded and Sign reduced to be a base	on, you may represent to Yours faithfully nature of Medical Authority (Name and Seal)

	ndne sad ingenin 9 Certificate	Disa (In cases of A	ability Cer	rtificate on of limb			
Certificate No.	(NAME AND A		THE MEDI CERTIFIC		HORITY ISSUI	NG THE	Recent PP size Attested Photograph (Showing face only) of the person with disability
	is to	certify	that	we		arefully	examined
Shri/Smt/Kum.							
Registration No	Ward/Village	s lo eussi no /Street	Perman	ent dated	resident _Post Office	of statistics	House
District	State	, who	se photogi	raph is affi	xed above, and	are, satis	fied that:
(B) The Diagno (C) He /She has	case of: otor Disability. sis in his/her ca s relation to his	ase is % (in figure)	i that, for lavour:	to mform te la your	percent	(in word	ls) in cases of

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
	molstop sup to walkat it	u Sunsanba.

3. Signature and Seal of the Medical Authority.

fedical Authority (Name and Seal)

Name and seal of member

Name and seal of Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Chandigarh : The 30th August, 2013 NAVRAJ SANDHU,

Principal Secretary to Government, Haryana, Health Department.

51406-C.S.-H.G.P., Chd.