

# PwD Certificate Proforma

Proforma for Certificate to be obtained by the candidate Coming under the category of Persons with Disabilities

Date:

This is to certify that Mr./Ms \_\_\_\_\_

son/daughter of Mr./Mrs. \_\_\_\_\_

Age \_\_\_\_\_ male/female, He/She is physically disabled/visual disabled/speech and hearing disabled/having mental retardation/leprosy cured and has % (\_\_\_\_\_ percent) permanent (physical impairment/visual impairment/speech and hearing impairment etc.) in relation to his/her \_\_\_\_\_.

Passport size  
photograph

Note:

This condition is progressive/not progressive/likely to improve/not likely to improve\*.

Re-assessment is not recommended/ is recommended after period of \_\_\_\_\_ months/years\*.

\*Strike out whichever is not applicable.

**Signatures of District Surgeon  
With Seal**

Information/Guidelines

1. Disability certificate shall be issued by District Surgeon State or Central government under PWD Act
2. For candidature under persons with disabilities category, candidates with a minimum of 40% disability are eligible.

