

DISABILITY CERTIFICATE

It is certified that Mr./Miss _____ S/D/o _____ is suffering from _____. It is certified that his/her disability is a permanent condition. It is further certified that his/ her disability puts him/ her at disadvantage as compared to a normal person for acquiring education before entering Medical/ Dental College, but otherwise he/she is capable of performing his/her duties satisfactorily as a Medical Practitioner. It is further certified that his/ her disability is not of such a severe degree that makes him/her unable to acquire medical education or work as doctor. Moreover, I certify that at present he/she is mentally fit and physically able to carry on studies and perform professional duties after qualifying MBBS/BDS.

(Full Signature)

(To be signed by certified specialist in the relevant field in the Government Hospitals).

Name of the Consultant _____

Designation _____

Specialty _____

Qualification _____

Present Place of Posting _____

Official Stamp bearing name, Designation and Place of Duty.

Date _____