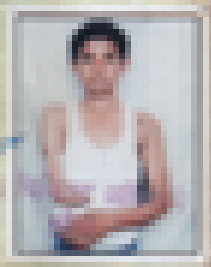
Form - 8

OFFICE OF THE CHIEF MEDICAL OFFICER JHANSI

DISABILITY CERTIFICATE

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See Rule - 5)



Memorandum No. ... as from Hon'ble/Hon'ble ... dated ... (If Applicable)

Certificate No. 1870 Date 02/01/18

This is to certify that I/We, have carefully Examined

Shri/Smt./Kum. Ramdevi

Son/Wife/Daughter of Shri Bhagwan Das Ahirwar

Date of Birth 1st Age 35 years, Male/Female Female

(DD / MM / YYYY)

Registration No. 1st 1st permanent resident of

House No. 1st Ward / Village / Street Mohalla Nagaria Khurd

Post Office Ch. Chirkhuri District Jhansi Pin 284

whose photograph is affixed above, and are satisfied that

(1) he/she is a case of (Please tick as applicable)

- Locomotor Disability
- Blindness

(Please tick as applicable)

(2) the diagnosis in his/her case is Gr. Amputation Rt. Arm Upto Shoulder.

(3) he/she has 70% (in figure) Seventy Percent permanent

(in words) permanent physical impairment / blindness in relation to his/her

(part of body) as per guidelines (to be specified) Gr. Amputation Rt. Arm Upto Shoulder

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

Nature of Document	Date of issue	Details of authority issuing certificate
Voter I.D. No. 6 Dec 172 0417	19	Chief Medical Officer Jhansi

(Signature and Seal of Authorised Signatory of Medical Board or Authority)