DISABILITY CERTIFICATE

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

Murshidabad Medical College & Hospital
Berhampere, Mustidabad, W.B. Rin-742101
मानवमेव जवते Berhampore Murshidabad Murshidabad Murshidabad Murshidabad Murshidabad Murshidabad Murshidabad Murshidabad Murshidabad
ertificate No. 2039 Date 11212 Deptt. F Orthogram Murshidabad Office of the Marshidabad
his is to certifi that I have carefully examined Shri/Smt./Km/\(\frac{1}{2}\)\(\overline{1}
on/wife/daughter of Shri. Zahinauddin ISlam
of Dith 03 / 00 / 2000 Age 19 years, Male/Fergale M
egistration No. 190054 F468 Permanent resident of House no.
ard/Village Chan Labam Gala Street
ost Office Hanumantanayan District Musshidabad
ate West Benyel Pin 742135
Complete graphy is affixed above, and am satisfied that:

(A) He/She is a case of:

*Locomotor Disability
(Please tick as applicable)

R

St

* Blindness

(B) The diagnosis in his / her case is.

(C) He/ She has 50% (in figure)

permanent physical impairment / blindness in relation to his / her..

(part of body) as per guidelines (to be specified)

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

Nature of Document Date of Issue Details of authority issuing certificate

Andhan card by 1419

Nature of Document Date of Issue Details of authority issuing certificate

Nature of Document Date of Issue Details of authority issuing certificate

Md Akash SK

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

CHAIRMAN

Handicapped Board

Murshidabad Medical College & Hospital

Berhampore, Murshidabad

(Signature and Seal of Authorized Signature Authrity)

Deptt. of Orthopedics

Msd. Med. College & Hospital Berhampore, Murshidabad