**Annexure-V**

**NAME & ADDRESS OF THE INSTITUTE OF HOSPITAL**

**Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board

 **DISABILITY CERTIFICATE**

This is certified that Sh./ Smt./Kum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/ wife/daughter of of Sh. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identification mark (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is suffering from permanent disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as per Right of Persons with Disabilities Act, 2016.

\*Percentage of disability in his/her case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thus the candidate is Differently Abled as per standard norms of Haryana.

(Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_) (Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (Dr.\_\_\_\_\_\_\_\_\_\_)

Member Member Chairperson

Medical Board Medical Board Medical Board

Countersigned by

the Medical Superintendent/

CMO/Head of Hospital (with seal)

\*The Differently Abled disability should not be less than 40% and should not interfere with the requirement of professional career such as Engineering/Architecture/Technician etc.