

OFFICE OF THE CHIEF MEDICAL OFFICER

DISTRICT -----

No.....

Date-.....

**HANDICAP CERTIFICATION IN ACCORD-EN WITH THE G.O.NO.7/4/1971
KARMIC/2DATED MAY 20 ;1978**

We examined sri/smt/km

Aged aboutyear son of/ Daughter of/ wife of.

Resident of village/moh.....

P/S Distt Bijnor

Whose signature / L.T.I. / R.T.I. is given below and certify that he / she is a case of. We
certify that he / she is permanently physically handicapped person

Signature of the candidate

Eye Specialist
[Member]



Orthopedic Surgeon
[Member]

CHIEF MEDICAL OFFICER
President