



# AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN

## CERTIFICATE OF PHYSICALLY HANDICAPPED CANDIDATE

Dispatch No. \_\_\_\_\_

Dated \_\_\_\_\_

### TO BE ISSUED BY MEDICAL AUTHORITY OF A GOVERNMENT HOSPITAL

1. Name of the candidate \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Percentage of loss of earning capacity in words \_\_\_\_\_
5. Whether the candidate is otherwise able to carry on studies and perform duties \_\_\_\_  
\_\_\_\_\_
6. Name of the disease/cause of handicap \_\_\_\_\_
7. Whether handicap is temporary or permanent \_\_\_\_\_
8. Whether handicap is progressive or non-progressive \_\_\_\_\_

\_\_\_\_\_  
Name of the Certifying Officer

\_\_\_\_\_  
Signature of authorized Medical Officer

(Legible Office Stamp)

Designation \_\_\_\_\_