

GUIDELINES FOR CERTIFICATION OF THE DISABILITY TO THE CIVIL SURGEON / ASSISTANT CIVIL, SURGEON

Note: The Certifying authority is requested to see the conditions prescribed for certifying the disability of a person.

CONDITIONS:

1. Orthopaedically Handicapped : Loss of Hands or legs or having polio stricken/legs which do not function.
2. Mentally retarded persons : With impaired brain or having abnormal behavioral tendencies.
3. Blind persons : to whom sight is totally absent (total blind persons).
4. The deaf and dumb : to whom the sense of hearing is fully non-functional.
5. The photograph furnished in the form shall be attested at the time of examination.
6. The need for an escort along with disabled is also to be certified.

I here certify that Sri _____ S/o

_____ Age _____

Address _____

has been examined. The nature of disability is _____ which is total permanent / partial as per the conditions stipulated by APSRTC as shown vide items 1 to 4 of this form. Further I hereby certify that there is need/no need of an escort along with the person.

Station:

Date:

Signature
(office Seal)