MEDICAL CERTIFICTE

1.	Name :	
2.	Father's Name :(without Army No and Rank)	_ Mother's Name : (without Army No and Rank)
3.	Date of Birth :	4. Sex:
5 .	Address :-	
	(a) Permanent address :-	
	(b) Current address:-	
6.	Mobile No and E Mail ID of Parents :-	
7.	Nature of disability :-	
8.	Type of disability : Permanent/Temporary.	
9.	Percentage of disability :	
10.	Name and address of the hospital/ certifying a	uthority which issued the Certificate of Disability.
11.	Validity of existing certificate (date)	.
	l information has been concealed or misstate	ove are true to the best of my knowledge and belief, and ned. I further state that if any inaccuracy is detected in the any benefits derived and other action as per law*.
Date : ₋		(Signature of Student with name) Signature of father in case of mind
Station	:	(Signature of Medical Officer)
Dated		with office seal) TERSIGNED
	COUN	ILITOIONED
	(Chief M	edical Officer)

^{*} Note: As indicated in the RPWD Act 2016.