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| **CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS** This is to certify that /Smt./Kum. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Son/Daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with particulars given below:- 1. Age
2. Sex
3. Signature/Thumb impression

**CATEGORISATION OF MENTAL RETARDATION** Mild/Moderate/Severe/ProfoundValidity of the Certificate: Permanent Signature of the GovernmentDoctor/Hospital with sealChairperson Mental RetardationCertification Board Recent Attested PhotographShowing the disability affixed here Dated:Place: **CERTIFICATE FOR THE PERSONS WITH DISABILITIES** This is to certify that Shri/Smt./Kum/wife/daughter of Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_old male/female, Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a case of physically disabled/visual disabled/speech & hearing disabled and has \_\_\_\_\_\_\_\_\_\_\_\_ % (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note:- 1. This condition is progressive/non-progressive/likely to improve/not likely to improve.\*
2. Re-assessment is not recommended/is recommended after a period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months/years.

\*Strike out which is not applicable.

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| Sd/-(DOCTOR) Seal  | Sd/-(DOCTOR) Seal  | Sd/-(DOCTOR) Seal  |

Signature/Thumb impressionOf the patient Countersigned by the Medical Superintendent/CMO/Head of Hospital (with seal) Recent Attested PhotographShowing the disability affixed here.  |