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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/Profound Validity of the Certificate: Permanent  Signature of the Government Doctor/Hospital with seal Chairperson Mental Retardation Certification Board  Recent Attested Photograph Showing 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.   |  |  |  | | --- | --- | --- | | Sd/- (DOCTOR) Seal | Sd/- (DOCTOR) Seal | Sd/- (DOCTOR) Seal |   Signature/Thumb impression Of the patient  Countersigned by the  Medical Superintendent/CMO/Head of  Hospital (with seal)  Recent Attested Photograph Showing the disability affixed here. |