

OFFICE OF THE CHIEF MEDICAL OFFICER

DISTRICT .....

No.

Date-----

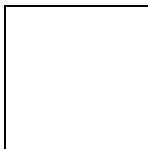
**HANDICAP CERTIFICATE IN ACCORDENCE WITH THE G.O. NO. 7/4/1971  
KARMIC/2 DATED MAY 20 ; 1978**

We examined Sri/Smt/km .....  
aged about ..... year Son of / Daughter of / Wife of .....  
resident of Vill./ Moh. ....  
P/S ..... Distt.-Sultanpur  
whose signature / L.T.I. / R.T.I. is given below and certify that he / she is a case of .....  
.....  
.....  
.....

We certify that he / she is permanantly physically handicapped person .

**Signature of the Condidate**

**Eye Specialist**  
[ Member]



**Orthopadic Surgeon**  
[Member]

**CHEIF MEDICAL OFFICER**  
**President**