



**(To be collected from DDRC, Agartala)**

SL No. \_\_\_\_\_

**FORM-A**

GOVERNMENT OF TRIPURA  
CERTIFICATE FOR HANDICAPPED PERSON

State Disability Board  
AGMC & GBP Hospital  
Agartala, Tripura

District Disability Board  
(West/South/North/Dhalai)  
\_\_\_\_\_

Block & Other  
Disability Camp  
\_\_\_\_\_

CERTIFICATE NO.....

DATE.....

**(Locomotor / Visual / Speech & Hearing / Mental Retardation / Mental Illness)**

This is certify that Shri / Smti ..... Age.....

S/O, D/O, W/O of Late/Shri/Smti.....

Vill..... P.O..... P.S.....

Pin..... Phone/Contact No..... is suffering

from (Nature of Disability) .....

And has (Extent of disability) ..... % (in case of Locomotor / visual /

Speech & Hearing) and He/She has Mild/Moderate/Severe/Profound and has .....%

disability (in case of MR/Mental Illness) with **VALIDITY FOR 5 (FIVE) YEARS /**

**PERMANENT.**

\*1.This condition is a) Progressive b) Non-Progressive c) Likely to improve d) Not likely to improve.

2. a) Re-assessment is not recommended b) Recommended after a period of ..... months / years.

3.....

Signature / Thumb impression of the patient

**\*Strike out which is not applicable**

Recent 5cmx3.5cm  
photograph showing  
the disability affixed  
here.

**Member**  
**(Spl.Employment Officer)**

**Member**  
**(Subject specialist)**

**Chairman**

**Employment Registration No.....**

**Date.....**

