

FORM-A



(To be collected from DDRC, Agartala)

SL No. _____

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.....

