

Application for Disability Certificate

Name..... Father’s Name.....

Married/Unmarried..... Spouse.....

CNIC No/Form (B)..... Date of Birth.....

Qualification ..... The Disabled is (Blind/Deaf/Physically Handicapped,  
Mentally Retarded of Sever Disabled) .....

Case of Disability.....

Type of Job can do..... Phone No.....

Present Address.....

.....

Permanent Address.....

.....

Signature of the Applicant/  
Thumb Impression

Recommendation of the District Assessment Board

Applicant is declared,

Disabled.....Disability/Impairment.....

Fit for work/employment.....Type of Job advised (optional).....

Chairman  
District Assessment Board

Member

Member

Member