

DISABILITY CERTIFICATE (OBVIOUS DISABILITY) FORM-2

(In Case of Amputation or Complete permanent paralysis of limbs and in case of Blindness)



Certificate No. - RJ/CHU/DBH/2025/800.

Date:- 21/07/2025

This is to certify that I have carefully examined Shri/Smt./Miss..... Khalid Sishodia

Son/Daughter/Wife of Shri..... Nabab Ali..... D.O.B. 25/12/1999

Age..... 25 Years, M/F..... Male..... Permanent Resident of House No./Ward No..... 24, B.Kalsar

Village..... Sardarshahar..... Post Office..... bang

Tehsil..... Sardarshahar..... District- CHURU, Rajasthan.

Whose photograph is affixed above and is satisfied that:

A) He/She is Case of: ☒ 1) Locomotor Disability ☐ 2) Blindness (Please tick as applicable)

B) The Diagnosis in his/her case is -

Post polio Residual palsy (RP)
lower limb with unreduced (RP) hip pop

C) He/She has 45 % (in figure) forty five (in Words) Permanent Physical Disability Impairment/ Blindness in relation to his/her (part of body) as per guideline (to be specified).

D) The applicant has submitted the following documents as proof of residence.

Name of Document	I.D. card no./ Date of issue	Authority issuing document
Aadhar Card	402485382474	GOI

E) Signature/Thumb impression of the Person whose favour disability certificate is issued.

F) Signature and Seal of Medical Board Authority.

Sign and seal of Chairperson	Sign and seal of Member	Sign and seal of Member

डी० बी० अस्पताल एवं संबद्ध
चिकित्सालय वगैरे
चुरू मेडिकल कॉलेज, चुरू

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Reg. No. 3537