

**GOVT OF NCT OF DELHI**  
**DR. BABA SAHEB AMBEDKAR HOSPITAL**  
**SECTOR-06, ROHINI, DELHI-85**  
**APPLICATION FOR PHYSICAL DISABILITY CERTIFICATE**

<b>For office use</b>	
Date of appointment _____	Application No. _____
Certificate No. _____	Date _____ % Handicap _____

Recent  
Photograph

To,

**The Medical Superintendent**  
**Dr. BSA Hospital**  
**Govt. of NCT of Delhi**  
**Sector-6, Rohini**  
**Delhi.**

Respected Sir,

I am physically handicapped, kindly issue me physical Disability Certificate. My details are as follows :

1	Name	
2	Father's/Husband's Name	
3	Date of Birth	
4	Age	
5	Gender	
6	Address	
		Pin Code :                      Tel/Mob. No.
7	Mark of identification	
8	Nature of Handicap	
9	OPD Card No. and date	
10	Whether Physical Disability Certificate (PDC) issue by any Hospital,	Yes/No. if no attach an affidavit in the format given overleaf on the non judicial Rs.10/- stamp paper
10a	if Yes i) Name of issuing Hospital ii) Disability Certificate No. iii) Date of issue	

I am also enclosing the following

1. Identify Proof - Ration Card/Voter I-Card/Passport
2. Address Proof - Voter ID/Passport/Telephone Bill/NDPL latest Bill
3. Affidavit / copy of physical disability Certificate
4. 06 Photographs of whole Body - Passport size
5. 01 Photograph of Post card size showing face and handicap
6. OPD Card

Signature of the Applicant

**To be made on Non Judicial Stamp Paper of Rs.10/-**

I \_\_\_\_\_ S/o/D/o/W/o \_\_\_\_\_ Resident  
of \_\_\_\_\_ do solemnly declares that I have never been issued  
any Physical Disability Certificate from any Medical Institution in India

## Verification

Verified \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ that the particulars given above are correct and true to the best of my knowledge and information.

Signature of the Applicant	
Name of the applicant	
Verification	
Verified _____ day of _____ that the particulars given above are correct and true to the best of my knowledge and information.	
Signature of the Applicant	
Name of the applicant	