

FORM – E
(See Rule 9 and 10)
CERTIFICATE

(To be given by the Medical Officer of not below the rank of district surgeons)

Certified that I have carefully examined Sri/Smt

..... son/Daughter

His/her age of his own statement is Years and
appearance about Years.

Sri/Smt is found to be suffering from the
following physical /mental disability / disorder.

.....
.....
.....

Having regard to his/her/disability/disorder. Sri/Smt

Hereby certified to be completely incapacitated from earning his/her livelihood.

Place:

Dated:

Signature
Name and Address