

**DISABILITY CERTIFICATE**

**FOR FAMILY PENSION FOR DISABLED DEPENDENTS**

(This certificate is not valid for medico-legal purpose)

Name of the hospital \_\_\_\_\_

No. \_\_\_\_\_ dated \_\_\_\_\_

This is to certify that Shri/ Kum \_\_\_\_\_ Age \_\_\_\_\_

S/O, D/O No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

PPO No. \_\_\_\_\_ is physically/ mentally/ handicapped/  
challenged and the disability is of permanent nature . He / she is unable to earn a living on  
his/ her own.

Diagnosis & Percentage \_\_\_\_\_

Brief Clinical Notes (in support of the diagnosis)

Affix photo of  
individual attested  
by specialist

(Signature /Thumb impression of individual)

Signature & Stamp of  
Classified Specialist

Signature & Stamp of  
Senior Advisor

Signature & Stamp of  
Military Hospital Brig/Equivalent