

IMPAIRMENT / DISABILITY CERTIFICATE

Certificate of physical ability for driving motor vehicles (Not valid for medico legal purpose)

This is to certify that Mr. / Ms. _____

Father / Husband's name _____

Male / Female Aged _____ Years hospital No _____

Is a _____

He / She is physically fit / not fit to drive motor vehicles specified below without / with following modifications.

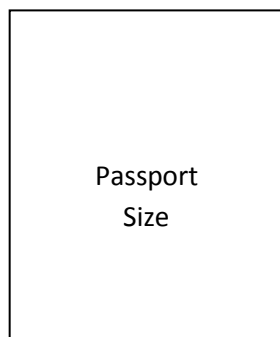
Two Wheeler without gear

Two Wheeler with gear

Light motor vehicle

Heavy motor vehicle

Two Wheeler with extra two rear wheels (Invalid carriage)



- 1.
- 2.

Signature of the patient seal

Medical officer
Medical board for physically handicapped