

APPLICATION FOR DISABILITY CERTIFICATE

To: The Medical Superintendent / Social Welfare Officer
District / City Office: _____

Subject: Application for Issuance of Disability Certificate

Dear Sir/Madam,

I respectfully request issuance of a Disability Certificate for official and welfare purposes. I am a person with a disability and require this certificate to access government assistance programs.

Full Name:	_____
Father/Husband Name:	_____
CNIC Number:	_____
Date of Birth:	_____
Address:	_____
Type of Disability:	_____
Contact Number:	_____

I kindly request you to arrange a medical examination by the concerned medical board and issue the certificate at the earliest convenience.

Yours faithfully,

Signature: _____

Date: ____ / ____ / ____