

GOVERNMENT OF THE PUNJAB
SOCIAL WELFARE, WOMEN DEVELOPMENT AND BAIT-UL-MAAL
(PROVINCIAL COUNCIL FOR THE REHABILITATION OF DISABLED PERSONS)

S.No. _____

DATED: _____

REG.NO.PCRDP/MGH/_____/201____



DISABILITY CERTIFICATE

ASSESSMENT BOARD FOR THE DISABLED PERSONS DISTRICT MUZAFFARGARH.

1. Name: _____
2. Father's Name: _____
3. Spouse: _____
4. NIC/CNIC/NICOP No.: _____
5. Date of Birth: _____
6. Type of Disability: _____
7. Qualification: _____
8. Nature of Disability: _____
9. Cause of Disability: _____
10. Permanent Address: _____
11. Present Address: _____
12. Finding of Board: (i) Fit to Work: (ii) Not fit to Work:
13. Recommendation of the board: _____

Secretary
District Assessment Board
District Muzaffargarh.

Verified _____

Name: _____
Chairman, Assessment Board,
District Muzaffargarh.