

REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI OFFICE OF THE DEPUTY COMMISSIONER <<SUB-DIVISION>>:<<DISTRICT>>DISTRICT



Disability Identity Card



<<Name of the Beneficiary>>

ID Card NO. :<< Certificate No>>

Date : << Date of Issue>>



Name : << Name of the Beneficiary>>

Father's Name : << Father's Name of the Beneficiary>>

Mother's Name : << Mother's Name of the Beneficiary>>

Date of Birth : << Date of Birth of the Beneficiary>>

Gender : << Gender of the Beneficiary>>
Address :<< Address of the Beneficiary>>

Contact No :<< Contact No >>

Blood Group :<< Blood Group >>

Qualification :<< Qualification >>

Occupation :<< Occupation >>

Disability Certificate No :<< Disability Certificate No >>

Medical Certificate Issued By :<< Name of Issuing Authority>>

Date of issue : << Issuing Date >>

Type of Disability : << Type of Disability >>

Percentage of Disability : << Percentage of Disability >>

Digitally Signed by: << Authority Name>>

Designation: << Designation of Authority>>

Location: <<Location of Signing>>

Date and time of Signing << Signing Date & Time>>

Endorsement	Regarding	Assistance	Provided
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Date	Assistance Provided	Assistance Agency