

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>>

Photo

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 Disab	ility : << Percentage of Disability >>

Digitally Signed by: << Authority Name>> Designation: <<Designation of Authority>> Location: <<Location of Signing>> Date and time of Signing <<Signing Date & Time>>

Assistance Provided Assi	stance Agency

Endorsement Regarding Assistance Provided