FORM NO. 10-IA

[See sub-rule (2) of rule 11A]

Certificate of the medical authority for certifying 'person with disability', 'severe disability', 'autism', 'cerebral palsy' and 'multiple disability' for purposes of section 80DD and section 80U

Certificate No.

Date:

This is to certify that Shri/Smt./Ms	son/da	aughter of S	Shri	_, age
yearsmale/female resi	ding at	, Re	gistration No.	_
is a person with disability/severe palsy/multiple disability.				
2. This condition is progressive/non improve.	ı-progressiv	e/likely to	improve/not	likely to
3. Reassessment is recommended/no months/years.	ot recomme	nded after	a period of	f
•				Sd/-
(Ne	eurologist/P	ediatric Ne	urologist/Civi Chief Medio	_
Name :				
Address of Institution/Government hosp	oital :			
Qualification/designation of specialist :_				
SEAL				
Signature/Thumb impression of the pati	ient			