



Government of Pakistan  
Ministry of Human Rights  
(The Council on Rights of Persons with Disabilities)  
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Date: \_\_\_\_\_

Reg. No. \_\_\_\_\_

**APPLICATION FOR DISABILITY CERTIFICATE**

Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Marital Status Married / Unmarried Spouse \_\_\_\_\_

Date of Birth \_\_\_\_\_ CNIC No. \_\_\_\_\_

Qualification \_\_\_\_\_ Type of Disability (physically/visually/hearing/mentally) \_\_\_\_\_

Nature of Disability \_\_\_\_\_ Cause of Disability \_\_\_\_\_

Type of job can do \_\_\_\_\_ Source of Income \_\_\_\_\_

Applied for Disability Certificate Phone No. \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Prepared by: \_\_\_\_\_

I solemnly declared that above mentioned Data is correct and prior to this I never obtained my Disability Certificate from CRPD, NCRDP, PCRDP's. if proved, CRPD is allowed to initiate an action against me as per Law / Rules and Policy.

**SWO (CRPD)**

**Signature of the Applicant**

**Recommendation of the Medical Assessment Board**

**Applicant is declared: -**

Disabled/Not Disabled \_\_\_\_\_ Disability \_\_\_\_\_

Fit to work (As per disability) / not fit to work \_\_\_\_\_

Referred to **Ortho / ENT / EYE / CHILD (NIRM) / NEURO (PIMS)**

**Chairman  
Medical Assessment Board/  
(Orthopedic Surgeon)  
NIRM**

<b><u>Dy. Director/ Secretary CRPD</u></b>	<b><u>Member ENT NIRM</u></b>	<b><u>Member Eye NIRM</u></b>	<b><u>Member Child NIRM</u></b>	<b><u>Member Neuro PIMS</u></b>	<b><u>Member JPO DGSE</u></b>
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