Disability Certificate Format

To,

The C. M. O/P.M.O
\_\_\_\_\_\_\_\_\_\_

Sub: Application for issuing Disability Certificate of the \_\_\_\_

Sir,

The applicant submits as under:-

1- That applicant \_\_\_\_ S/o \_\_\_\_ met with accident on \_\_\_\_ Near \_\_\_\_ and he sustained injuries over his body. The applicant was remained under the treatment of \_\_\_\_ and the MLR no. \_\_\_\_ dated \_\_\_\_ was prepared.

2- That the applicant has filed a claim petition under section \_\_\_ of the \_\_\_\_ in the court of \_\_\_\_ and the same is pending.

3- That the applicant requires the permanent disability certificate for proving his permanent disability.

You are therefore, requested that the permanent disability Certificate of the applicant \_\_\_\_\_\_\_ may kindly be released to the applicant as per rules and regulations.

Dated \_\_\_\_\_                                                                                                                   Applicant

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