

ANNEXURE

OFFICE OF THE CIVIL SURGEON

No. _____

Date _____

Certified that Shri/Smt _____

S/o,w/o _____ Resident of village

_____ Post office _____

Tehsil _____ District _____ State (Punjab) has

been examined by Dr. _____ and found to be totally

blind.

His/her signature/LTI/RTI is given below.

Signature/L.T.I/RTI
of the applicant

Civil Surgeon

Photograph duly
attested by Civil
Surgeon