

**FAMILY PENSION FOR PHYSICALLY HANDICAPPED
AND MENTALLY RETARDED CHILDREN**

To avail the facility an endorsement is necessary in the PPO. Application should be addressed to the original Pension Sanctioning Authority (not to the Accounts Officer) along with a Medical Certificate in the format furnished below from a Medical Board Comprising of a Medical Superintendent as a Chairman and 2 other members out of which atleast one shall be a Specialist in the particular area of mental or physical disability including mental retardation, with the original PPO. The Pension Sanctioning Authority will sanction Family Pension, forward a copy of the same to the Pensioner and endorse another copy to the Accounts Officer for making necessary entries in the PPO.

FORMAT

Certified that I/We, _____
Dr./Drs _____ examined this day
(date) _____ Sri/Smt _____ Son/Daughter of
Sri/Smt _____ and I/We find that he/she is suffering from (nature of
disease) _____ and in my/our opinion that he/she is
permanently/temporarily disabled.

Or

He/she is suffering from mental disorder:-
Nature of disability and to what extent _____
Details of mental disorder and its percentage _____
His/her age according to his/her statement is _____ years and by appearance about
_____ years.
Having regard to his/her physical disability/mental disorder Sri/Smt. _____ is
hereby certified to be completely incapacitated from earning his/her livelihood.

Signature

Name/Names of the Doctor/Doctors and
Designation of Medical Board with Seal

Place:

Date:

Signature of the child