## **CONCESSION CERTIFICATE**

Paste passport size photograph duly signed and stamped by the issuing doctor/person.

Form for the purpose of grant of rail concession to completely Blind person be used by a Regd.Medically Practicion government Doctor/Heads of the Institutions for the Blind recognised by Minis.of Welfare/Govt.of India or Social Welfare Dept.of the concerned State Government.

Appendix No: 1/13

|                                                         |                                                                                                                                                                                                         | Whose Particulars                                                                                              |  |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| are furnished be                                        | elow, is a COMPLETELY BLI                                                                                                                                                                               | ND PERSON.                                                                                                     |  |
| Particula                                               | ars of the completely Blind pers                                                                                                                                                                        | son:                                                                                                           |  |
| (a) Address:                                            |                                                                                                                                                                                                         |                                                                                                                |  |
| (b) Father's/H                                          | usband's Name                                                                                                                                                                                           |                                                                                                                |  |
| (c) Age                                                 | (d                                                                                                                                                                                                      | ) Sex                                                                                                          |  |
| (e) Signature                                           | or left hand Thumb impression                                                                                                                                                                           | of blind person                                                                                                |  |
|                                                         |                                                                                                                                                                                                         |                                                                                                                |  |
|                                                         |                                                                                                                                                                                                         |                                                                                                                |  |
|                                                         | (Signature of Regd.Medical Practitioner or Govt.  Doctor or Head of the Institution for the blind  recognised by M/O Welfare ,Govt.of India or  Social welfare Dept.of the concerned State Government.) |                                                                                                                |  |
| Place                                                   |                                                                                                                                                                                                         |                                                                                                                |  |
| Date                                                    |                                                                                                                                                                                                         |                                                                                                                |  |
|                                                         |                                                                                                                                                                                                         |                                                                                                                |  |
| Clear seal of Government Hospital/Clinic or Institution |                                                                                                                                                                                                         | Seal containing full name and Regd.No. of the certificate issuing Doctor/Person                                |  |
| T                                                       | he photo should must be signed                                                                                                                                                                          | y to COMPLETELY BLIND PERSONS. If and stamped in such a way that Doctor's artly on the photo and partly on the |  |

(2) The Certificate is valid for five years from the date of issue. After expiry period of validity period of the certificate the person is accepted for the purpose of grant of concession. The original certificate will have to be produced for inspection at the time of purchase of concessional ticket and during the journey, if demanded.

(3) No alteration in the form is permitted.

certificate.