

Air HQ (SP)
Dte of AV
SMC Building
Subroto Park
New Delhi - 10

Air HQ/99799/2/1/DAV

09 May 17

HQ WAC IAF
HQ SWAC IAF
HQ EAC IAF
HQ CAC IAF
HQ SAC IAF
HQ TC IAF
HQ MC IAF

(SO ECHS)



CERTIFICATE OF DISABILITY

1. Annexed herewith please find a copy of Central Organisation ECHS letter No. B/49701-PR/AG/ECHS/2017 dated 28 Apr 17 on the subject.
2. It is requested that the contents of the letter may please be disseminated to all Stns/Units/Polyclinics under your AOR for information of all concerned.

(YD Neg)
Director
DAV - IV

Annexure: As stated

Copy to:

ECHS RC Bangalore C/O AF Stn Jalahalli, Bangalore
ECHS RC Ahmedabad C/O HQ SWAC (U) AF
ECHS RC Nagpur C/O HQ MC (U) AF
ECHS RC Coimbatore C/O 43 WG AF

} For similar action.

Internal copy to:

Dir-I
Dir-III

For information & necessary action.

Editor FTT (DAV-III)

- Request publish the gist of the letter in the next issue of FTT.

JA AV(IT)

- Request upload the contents of the letter on our website.

DP

Tele : 011-2568484
ASCON : 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2017

28 Apr 2017

IHQ of MoD (Navy)/PD ECHS (N)
Air HQ (Subroto Park)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centre, ECHS

CERTIFICATE OF DISABILITY

1. Revised format of disability certificate is enclosed herewith as per Appx att. The certificate is applicable for Ex-Servicemen and their dependents. The revised certificate has combined the certificates which were existing earlier and is intended for following purposes :-

- (a) Disability certificate under Persons with Disability (PWD) Act - 1995.
- (b) Certificate for issue of ECHS white card.

2. The certificate prepared is applicable for issue by service hospitals to its dependant clientele. Civil doctors issuing / signing the ibid certificate is not desirable.

3. This Org letter No B/49701-PR/AG/ECHS dated 05 Apr 2007 be treated as cancelled.

Stamp: (24/00000)
Date No 341 dt 31/5/17
Signature Officer: [Signature]
Date: [Signature]
Dir: [Signature]

(Sanjeev Saroch)
Col
Dir (Ops & Coord)
for MD ECHS

Encls : As above.

Copy to :-

O/o the DGAFMS

- For info wrt your letter No CC/5496/MSAC/DGAFMS/DG-3A dated 30 Jun 2017 and even No dated 22 Feb 2017.

Internal

All Secs

- For info pl.

CERTIFICATE FOR PERSON WITH DISABILITY

Name & Address of the Institute/Hospital issuing the Certificate

Certificate No:.....

Date:.....

Recent photograph
showing the
Disability Affixed
here to be attested
by concerned
specialist.

Signature /Thumb Impression of Patient

1. This is to certify that Shri / Smt / Kum _____ Age _____ yrs,
Son / Daughter / Wife / Widow of No. _____ Rank _____
Name _____ Registration No. _____ dated _____
PPO No _____ dated _____ is a case
of _____ with onset of disability at _____ yrs of age.

2. He / She is physically / mentally / visually / speech / hearing disabled and has _____ %),
(_____ percentage), disability of permanent /temporary nature.

3. This condition is progressive/non-progressive and is likely to Improve/not likely to improve.

4. Re-assessment is not recommended/is recommended after a period of _____ Months / Years.

5. He is able to / unable to earn his living.

Signature & Stamp of
Specialist

Signature and Stamp of
President Medical Board

COUNTERSIGNED

Commandant/CO/Head of Hospital (with Seal)