

Concession Certificate for Persons with Disabilities(Divyangan)

Concession certificate form for orthopaedically handicapped/paraplegic person/patients/ mentally retarded person/ person with visual impairment with total absence of sight/ person with hearing and speech impairment totally (both afflictions together in the same person)

Paste passport size photograph
Duly signed and stamped by the issuing Doctor

This is to certify that Km/Shri/Smt. _____ whose particulars are furnished below is a bona fide ORTHOPAEDICALLY HANDICAPPED/ PARAPLEGIC PERSON/ PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT / MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/ PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER IN THE SAME PERSON)*

Particulars:

- a) Address: _____
- b) Father's/Husband's Name: _____
- c) Age: _____
- d) Sex: _____
- e) Nature of Handicap: (To be written by doctor whether the disability is temporary or permanent) : _____
- f) Signature or thumb impression of the person seeking concession (not necessary for those with both hands missing or non-functional): _____

(Signature of Government Doctor#)

Place: _____
Date: _____

Clear seal of Government Hospital#

Seal containing full name and Registration Number of the Doctor#

*Strike out where not applicable.

#For PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT, RMP/Head of institution for the blind recognized can also issue certificate for visual impairment (with total absence of sight).

- 1) The certificate should be issued only to those ORTHOPAEDICALLY HANDICAPPED/ PARAPLEGIC PERSON/ PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT / MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/ PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER). The photo must be signed and stamped in such a way that doctor's signature and stamp appears partly on the photo and partly on the certificate.
- 2) For mentally retarded person/ PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopaedically/ paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability, the certificate will remain valid for (1) five years, in case of persons upto the age of 25 years, (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of the period of validity of the certificate, the person is required to obtain a fresh certificate.
- 3) Photocopy of this certificate 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.
- 4) No alteration in the form is permitted.

SOUTHERN RAILWAY

APPLICATION FOR IDENTITY CARD FOR THE USE OF DIVYANGJAN

TO

THE SENIOR DIVISIONAL COMMERCIAL MANAGER

.....DIVISION

SOUTHERN RAILWAY

Sir,

DATE.....

PLACE.....

I.....here by
apply for ID for rail travel for persons under category of Divyangjan. I have obtained concession
certificate from Drof.....
Government hospital dated

1	Name & Address of the Applicant
2	Age/Sex
3	Mobile Phone Number
4	Name & Phone Number of Father/Mother/Husband/ Guardian
5	State /District
6	Taluk/Panchayath
7	Whether Fresh Application Or For Renewal
8	It For Renewal Old ID number
9	Office Where Application is Submitted

Required document mentioned overleaf are enclosed herewith kindly issue me the ID card.
Signature or left thumb impression of the applicant

ACKNOWLEDGEMENT RECEIPT

It is hereby acknowledged that your application for the issue of Divyangjan ID is accepted for
Processing Sri/Smt

Age Dtd

DATE.....OFFICE.....

SIGNATURE/SEAL: