

**Annexure A**

**Application format for issuance of certificate in respect of orthopedic physically handicapped person for purpose of availing concession on GST compensation -- for purchase of passenger vehicle.**

1	Name of the Person	:	
2	Father's Name/Husband's Name	:	
3	e-mail id	:	
4	Mobile Number	:	
5	Date of Birth (proof to be attached)	:	
6	Sex	:	
7	Marks of Identification	:	
8	a. UDID Number (if available) b. PAN no. c. Aadhar No. (copy to be attached)	:	
9	Residential Address with PIN	:	
10	Details of the car to be purchased# # a) Company/Original Equipment manufacturer (OEM) name b) Model of vehicle c) variant (Petrol/diesel/PNG/CNG)	:	
11	Details of the Dealer from Where Car is to be purchased a) Name b) Phone no. c) email id d) Address	:	
12	Details of the RTO where the car is to be registered a) Name b) Phone no. c) email id d) Address	:	

13	Annual Income as per Income Tax Return (ITR) of Last three years (Copies to be enclosed)	:	(i) (ii) (iii)
14	Photograph	:	
15	Signature of the applicant	:	

# Specification of the vehicle to be purchased are given in para 2 of the Order No. 12/42/2015 - AEI(12455) Dated 24<sup>th</sup> October 2019.

**Annexure B**

**Format of Medical Certificate**

1	Name of the applicant	
2	Photograph- Passport size	
3.a	Nature of Orthopedic physical impairment & duration	
3.b	Cause of orthopedic physical impairment	
3.c	Percentage of Orthopedic physical impairment ( in words & in figures)	
3.d	Whether permanent in nature	
4	Name and registration no. of the doctor signing the medical certificate	
5	Name and registration no. of the civil surgeon/chairman of the medical board countersigning the medical certificate	

It is certified that Shri/Smt. /Ms. \_\_\_\_\_ S/o -D/o-  
/W/o shri \_\_\_\_\_ is a physically disabled person with orthopedic disability of  $\geq 40\%$ .

**Signature, Rubber stamp of signatory indicating his name, Designation, Registration/MCI no. and official address.**

**Countersignature of Civil Surgeon alongwith  
Registration/ Medical Council of India (MCI) No.  
(or equivalent rank of a Government Hospital)**

OR Alternatively

**Signature of members of a designated Medical Board  
Of Government Hospital, issuing disability certificate  
alongwith Registration/ Medical Council of India (MCI) No.**