

Form – VIII

**Intimation of Rejection of Application of Disability Certificate
[See rule 18 (4)]**

No.

Dated:

To,

(Name and address of applicant For Disability Certificate)

Sub: Rejection of Application for Disability Certificate.

Sir/Madam

1. Please refer to your application dated.....for issue of a Disability Certificate for the following disability:

.....
.....

2. Pursuant to the above application, you have been examined by the undersigned/Medical Board on....., and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

- i)
- ii)
- iii)

3. In case you are aggrieved by the rejection of your application, you may represent to....., requesting for review of this decision.

Yours Faithfully,
(Authorized Signatory of the notified Medical Authority)
(Name and Seal)