

**GOVERNMENT OF ANDHRA PRADESH****NTR BHAROSA PENSION SCHEME – MEDICAL BOARD****NAME OF THE (MEDICAL COLLEGE / DISTRICT
HOSPITAL / AREA HOSPITAL):** _____**MEDICAL CERTIFICATE****Case No:** _____

Certified that the Medical Board have examined the applicant whose particulars are given below on this _____ Day of _____ Month, _____ Year and that he/she falls under the following category.

1. Name of the candidate:
2. Father / Husband Name:
3. Sex:
4. Age:
5. Aadhar card number:
6. Address:

Photo

7. Select the Appropriate Disease of the Application:

S.No	Name of the Disease	Required Documents submitted	Yes / No
1	Thalassemia Major	Lab Reports	
2	Sickle Cell anemia	Lab Reports	
3	Severe Haemophilia (<2% of factor 8 or 9)	Lab Reports	
4	Bilateral Elephantiasis Grade-IV	Application forwarded by D.F.O / D.M.O	
5	Paralysis confining the person to wheel chair or bed	Sadaram Certificate	
6	Severe Muscular Dystrophy cases and accident victims confined to wheel chair or bed	Sadaram Certificate	
7	Chronic Kidney Disease	Lab reports / Ultrasound report	
8	Multi deformity Leprosy	Application forwarded by D.L. O	
9	Kidney, Liver and Heart Transplantation	Discharge Summary	

Disease condition description/surgical procedure if any:

Disease condition in %:

Recommended for:

(Co-opted Member-Concerned Specialist)

Reg No. _____

District Medical Board

Name of the Hospital

Member

Reg No. _____

District Medical Board

Name of the Hospital

Member

Reg No. _____

District Medical Board

Name of the Hospital

CHAIRMAN & SUPERINTENDENT

Reg No. _____

District Medical Board

Name of the Hospital