



GOVERNMENT OF ORISSA

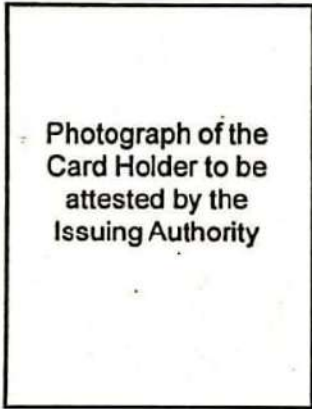
COMMERCE & TRANSPORT
(TRANSPORT) DEPARTMENT

**IDENTITY CARD FOR THE DISABLED
PERSON ISSUED BY**

**BLOCK DEVELOPMENT OFFICER,
BINKA**

IDENTITY CARD No.....

DATE OF ISSUE.....



Signature / Thumb Impression

.....

Name :.....

Father/Husband's :.....

Residential address ;.....

.....

.....

Nature and degree of disability

.....

Name and Designation of the M.O. who issued the Medical certificate.....

Extent of fare concession allowed.....

.....

.....

Signature/Thumb impression of the Card Holder

Signature with seal of the issuing Authority

