Concession Certificate
(Appendix 1/36, Rule No. 101 Sr. No. 25)

Form for the purpose of grant of rail concession to Orthopedically Handicapped / Paraplegic persons / patients to be used by the Government Doctor.

This is to certify that Km/Shri/Sri/Smt. ........................................................ whose particulars are furnished below, is a bonafide Orthopedically Handicapped/Paraplegic person/patient and Cannot Travel without the assistance of an Escort.

Particular of the Orthopedically Handicapped / Paraplegic Person / Patient :

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) Causes of loss of functional capacity : ........................................................................................

Signature of Thumb impression of Orthopedically handicapped/Paraplegic person/ Patient : (not necessary for those whose both hands are missing or non-functional) ........................................................................................................

g)........................................................................................................................................................

Place:..........................................................

Date :.......................................................  ...........................................................................

...........................................................(Signature of Government Doctor)

............................................................

Clear Seal of Government Hospital / Clinic
Seal Containing full name and Regn. No of the Doctor

* Strike out where not applicable.

Note :

1- The certificate should be issued only to those orthopedically Handicapped/ Paraplegic persons/patients WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT. The photo must be signed and stamped in such a way that Doctor’s signature and stamp appears party on the photo and partly on the certificate.

2- In the case of temporary disability, the certificate will be valid for five years from the date of issue. In the case of permanent disability, the certificate will remain valid for (1) five years, in case of persons up to the age of 25 years. (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in the case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned person. After expiry of the period of validity of the certificate, the person is required to obtain a fresh certificate. A Photostat copy 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.

3- No alteration in the form is permitted.