



Government of Orissa
Department of Health & Family Welfare

Application Form for JTS Disabled Person Identification Card Issuance

Re-certify *:

Directions: Please fill in all necessary blanks on form (Including initials of person issuing card). When complete, please file in the box provided **in alphabetical order**.

Name:

Address:

Telephone Number:

Date of Birth:

Hair Color:

Eye Color:

Type of Disability:

Height:

Certification Document From (Dr./Agency):

Date Certification Issued:

Signed By:

Mobility Impaired: YES NO Description:

Able to get to Bus Stop: YES NO Spring/Fall Only:

Mobility Aid Used: Cane Walker Std. W/C Elec. W/C Platform Chair

Date of-Issue:

Pass Number:

Person Issuing:

Date of Re-Issue:

Pass Number:

Person Issuing:

Date of Re-Issue:

Pass Number:

Person Issuing:

Date of Re-Issue:

Pass Number:

Person Issuing:

* - Special I.D. cards must be re-certified 3 years after the date of last issue, or at any time a lost or damaged card is re-issued.