

**Form-VIII****Rejection Certificate**

(In case of Rejection of Application for Certificate of Disability)

[See rule 18(5)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport size photograph (Showing face only) of the applicant
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Date of Rejection:

To,

(Name and Address of the Applicant for Certificate of Disability)

**Subject: Rejection of Application for Certificate of Disability/Unique Disability Identity Card**

Sir/Madam,

Please refer to your UDID Application/Registration No. <UDID Enrolment No.> dated <DD/MM/YYYY.> for issuance of a Certificate of Disability/UDID Card for the following disability:

- (i)
- (ii)
- (iii)

2. Pursuant to your application, you have been examined dated <DD/MM/YYYY> by the undersigned/Medical Authority and I regret to inform that it is not possible to issue a Certificate of Disability/UDID Card in your favour for the reason(s) mentioned below:

- (i)
- (ii)
- (iii)

3. In case you are aggrieved by the rejection of your application, you may represent to the Appellate Authority within 90 days requesting for review of this decision.

Signature:

Name and Address of the Medical Authority Issuing the Certificate: