



GOVERNMENT OF ANDHRA PRADESH
NTR BHAROSA PENSION SCHEME - MEDICAL BOARD
NAME OF THE (MEDICAL COLLEGE / DISTRICT
HOSPITAL / AREA HOSPITAL) : _____

MEDICAL CERTIFICATE

Case S.No: _____

Certified that the Medical Board have examined the applicant whose particulars are given below on this _____ Day of _____ Month, _____ Year.

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

Photo of
the
Beneficiary

7. Select the Appropriate Disease of the Applicant from the following:

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 a. Serum creatinine of >5mg b. Small contracted kidney c. Estimated GFR-<15ml	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:

Disability Percentage (%):

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