PHYSICALLY HANDICAPPED DECLARATION

I_____ , Working as ANM Gr - III at VS / WS _____, PHC / UPHC :_____ District : _____ under Guntur Erstwhile district do here by declare that Physically Handicapped _____% (VH / PH / HH) Certificate No_____and claimed for priority during the counseling for promotion as MPHS(F) under "**Physically Handicapped**" category.

I further hereby declare that if the declaration given above is found to be erroneous in future, I am prepared to face any kind of disciplinary action.

Place :

Dated:

Signature :

Designation : **ANM Gr - III**

Place of Working :

//Countersigned//

Medical Officer