



GOVERNMENT OF ODISHA

**COMMERCE & TRANSPORT (TRANSPORT)
DEPARTMENT**

**IDENTITY CARD FOR THE DIFFERENTLY
ABLED PERSON ISSUED BY**

**B.D.O. / EXECUTIVE OFFICER OF BLOCK /
MUNICIPALITY/N.A.C**

Courtesy :
Dept. of Social Security and Empowerment
of Persons with Disabilities, Govt. of Odisha

IDENTITY CARD No. _____

DATE OF ISSUE _____

Name

Father / Husband's Name

Residential Address

Nature and Degree of disability

**Passport Size
photograph duly
attested by
issuing Authority**

**Name and Designation
of the Medical Officer
who issued the Medical
Certificate**

**Extent of fare concession
allowed.**

**Signature Thumb impression
allowed.**

**Signature/Thumb impression
with seal of
the Card Holder**

**Signature
the issuing authority**