

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Department/Organization Name]
[Address]
[City, State, ZIP Code]

Subject: Application for Person with Disabilities (PWD) Card

Dear [Recipient Name],

I am writing to formally request the issuance of a Person with Disabilities (PWD) Card. My name is [Your Full Name], and I am [Age] years old. I reside at [Your Address] and have been facing [describe your disability or condition briefly] for [duration of your condition].

To support my application, I have attached the following documents:

1. Medical Certificate from [Doctor's Name/Hospital] confirming my condition.
2. Identification proof (e.g., Aadhar Card, Passport).
3. [Any other relevant documents, such as proof of residence, photographs, etc.].

I understand that the PWD Card will provide me with certain benefits and support, which are crucial for my daily living and mobility. I kindly request you to process my application at your earliest convenience. If you require any further information or documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]