

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

Dear [Recipient Name],

Subject: Application for PWD Eligibility

I am writing to formally apply for the Persons with Disabilities (PWD) eligibility certificate. I have been diagnosed with [specific disability/condition] and believe that I meet the criteria set forth for the PWD classification.

Enclosed with this letter, you will find the necessary documentation, including:

1. A medical certificate confirming my disability.
2. [Other relevant documents, e.g., identification, proof of residency, etc.]

I kindly request you to process my application and grant me the PWD eligibility certificate at your earliest convenience.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]