

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

The Concerned Authority
[Department/Office Name]
[Office Address]
[City, State, ZIP Code]

Subject: Application for PWD Certificate

Dear Sir/Madam,

I am writing to formally request the issuance of a Person with Disabilities (PWD) certificate. My name is [Your Name], and I am [Your Age] years old. I have been diagnosed with [Your Disability] as per the medical documents attached herewith.

I kindly request you to process my application and provide the necessary certificate to facilitate my access to benefits and services available for persons with disabilities.

Enclosed are the following documents for your reference:

1. Medical certificate confirming my disability
2. Proof of identity (copy of Aadhar card/voter ID)
3. Any other relevant documents

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Name]