

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 320

Date 26/08/2013

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smti/Kum. D. M. MOYAL

Son/wife/daughter of Shri

Age 43 old male/female, Registration No. is a case of

HEMIPLEGIA (POST STROKE) He/she is Physically disabled/visual disabled/speech & hearing disabled

and has 50 % (Fifty Per cent) permanent (physical impairment/visual impairment/speech &

hearing impairment) in relation to his/her LOCOMOTION

- Note:
- The condition is progressive/no-progressive/likely to improve/not likely to improve.
 - Re-assessment is not recommended/is recommended after a period of _____ months/years *

*Strike out which is not applicable.

[Signature]
 26.08.13
 Dr. T. S. ...
 (DOCTOR)
 General Hospital Pasighat
 East Sikkim Dist. (A.P.)

[Signature]
 26/8/13
 (DOCTOR)
 Seal
 General Hospital Pasighat
 East Sikkim Dist.

[Signature]
 26/8/13
 (DOCTOR)
 Seal Specialist
 General Hospital Pasighat

Signature/Thumb impression of the patient.



[Signature]
 26/8/13
 Countersigned by the
 Medical Superintendent/CMO/Head of
 Hospital (with seal)
 General Hospital Pasighat