

FORM OF CERTIFICATE TO BE FILLED IN
: AND SIGNED BY BOARD OF DOCTORS :

/ CERTIFICATE FOR HANDICAPPED /

Certified that the physical/mental status of Sri/
Smti. Achira Chai Chiba..... in the category of
disability for hearing impaired/palsy/colour blindness/orthopaedical-
ly/dumb/disabled/Leprosy and is 25%/50%/75%/100% disabled and can
gain 25%/50%/75%/100% recovery after undergoing treatment/cannot be
recovered in any manner.

The board of doctors hereby certify that Sri/
Smti. Achira Chai Chiba..... is disabled in the
above category disability and recommends for issuance of permanently/
periodical disability certificate by the competent authority.

[Signature]
(Chairman)

[Signature]
(Member)

[Signature]
(Member)

Medical Officer
DISTRICT HOSPITAL, TEZU
LOHIT DIST. (A. P.)

Medical Officer
DISTRICT HOSPITAL, TEZU
Countersigned by

Medical Officer
DISTRICT HOSPITAL, TEZU
LOHIT DIST. (A. P.)

Medical Superintendent
District Hospital, Tezu.

DR. C. N. PANGYOK
Senior Medical Officer
District Hospital, Tezu
Lohit District, (A.P.)

BKS/-

APPENDIX -V

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF SOCIAL WELFARE
NAHARLAGAM

MEDICAL CERTIFICATE IN RESPECT OF AN
ORTHOPAEDICALLY HANDICAPPED CANDIDATE

For the purpose of assistance, the orthopaedically, Handicapped are those who have physical defect or deformity which causes an interference with the normal functioning of bones, muscles and joint.

Certified that I, Dr. Sajingli Chan

Registration No. 5795 have this

7th day of July 199 2001 examined the applicant whose particular are given below and that he/she falls within the above definition.

1. Name of candidate :- Smti Achina Chai Chiba
2. Identification mark :- Burn pigmentation marks on the right hand (dorsum)
3. Father's name :- w/o Shri Bap Lalum Chiba
4. Sex :- Female
5. Approximate age :- 27 years
6. a) Nature of disability :- Rt sided hemiparesis Grad II-III with Lt side atrophy of deltoid muscle.
b) Tick relevant from following list:-

Post-Polio paralysis, Hemiplegia, quadriplegia, Mal-united, Fracture, Nerve paralysis, ~~Maximised~~ Upper Extremity, Lower Extremity, Limb, Painful, shortening, Deformity, Congenital Acquired, Above knee, Below knee, Hip, Hemipelvectomy, Symes, Cheoparts, Write, Fingers, Below Elbow, Above Elbow, shoulder, Fore quarter, Unilateral Bilateral.

c) Extent of disability:-

Estimate in percentages (Mr. Bride's scale) on anatomical, Functional, (Patients Assessment, Examiner's Assessment).

Economical Basis mention as percentages, Below 25, 25-75, 75-100 total disability.

d) Use of appliance,

(Tick relevant from following list)

Callipos, Crulo, Above Knee, Below Knee, Prosthesis, Cane, Unilateral, Bilateral, above Elbow, Hemipelvectomy Shoulder, Disarticulation.

e) Any operation done or indicated. Yes

f) Photograph (Attested) —

To show the nature of disability & any appliance if disability.

7) Any other particulars to clarify the nature & extent disability that the surgeon might like to point out.

8) Nature and amount of help required.

Signature of Candidate.

Signature of Orthopaedic (Surgeon)

Place: DHT Date: 7/7/01

Designation Dr. (Mrs) Sajingli Chan
Office stamp. Medical Officer

DISTRICT HOSPITAL, TEZU