



FORM IV (See rule 4)

(In case of other than those mentioned in Forms II & III)

OFFICE OF THE MEDICAL SUPERINTENDENT
DISTRICT HOSPITAL, ROING. (A.P)

DISABILITY CERTIFICATE

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Certificate no. 583
Date 18.4.22

This is to certify that I have carefully examined Mr./Mrs./Miss Kasu Tayong son/wife/daughter of Mr. Lt. Popok Tayong Date of Birth 20.11.1981 Age 41 years, Sex Male / Female Registration no. 583 permanent resident of House no. _____ Ward/Village/Street Mobang - 1 Parbuk Post Office Roing District Lower Dibang Valley State Assam whose photograph is affixed above, and am satisfied that he/she is a case of Right sided hemiplegia following stroke disability. His/Her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant in the table below:-

Sl. no.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@	Hemiplegia (R)	75%
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	\$		
5.	Mental retardation	X		
6.	Mental illness	X		

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve
3. Reassessment of disability is:

•(i) not necessary.

•(ii) is recommended/ after 05 years _____ months, and therefore this certificate shall be valid till 2027.

@ e.g Left / Right / Both arms / Legs. # e.g Single eye / Both eyes. \$ e.g Left / Right/ Both ears

4. The applicant has submitted the following document as proof of residence:-

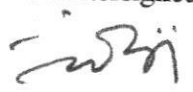
Nature of Document	Date of Issue	Details of authority issuing certificate

Signature /Thump impression of the disabled person

 (LTI)

(Dr. N. Yirang)
Senior Medical Officer (SG)
DISTRICT HOSPITAL ; ROING
L/Dibang Valley Dist. (A.P.)

Countersigned by


(Dr. M. Lingji)
Medical Superintendent
Medical Superintendent
DISTRICT HOSPITAL ROING
L/Dibang Valley Dist. (A.P.)