

FORMAT OF THE CERTIFICATE FOR PERSONS with DISABILITY (PwD).

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL: CUMMUNITY HEALTH CENTRE, MAHADEVPUR

Certificate No. 257

Date 17/10/17

This is to certify that Shri/Smti/Kum. CHAU PINCHOWA MANPOONG  
Age 30 Years, M/F, Son/Wife/daughter of TANSENG MANPOONG  
Address: NEW MOHONG  
Register No \_\_\_\_\_ is a case of  Locomotor disability/ Cerebral Palsy

Blindness/Low Vision/Hearing impairment/Other disability and has been

suffering from degree of disability not less than 40 % (Forty percent).

The details of his/her above mentioned disability is described below:-

(IN CAPITAL LETTERS)

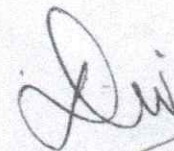
Poliomyelitis of Right side of limb  
(Rt arms & lower limb)

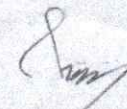
Note:-

1. The condition is progressive/non-progressive/likely to improve/not likely to improve.
2. Reassessment is not recommended/is recommended/recommended after a period of 5 Months/Years.
3. The certificate is issued as per PwD Act, 1995.

STRIKE OUT WHICH IS NOT APPLICABLE.

  
(DR. C. M. THAMDUNG) SMO.  
Chairman, Medical Board.  
District - Namsai, (A.P.)  
PIN - 792 103

  
(DR. LOD TAYO) SMO.  
Member, Medical Board  
Medical Officer  
CHC Mahadevpu.  
Namsai Dist (A.P)

  
(DR. TAGE RIKU) MO.  
Member, Medical Board

Medical Officer  
PHC, New Mohang  
Dist.-Namsai, (A.P.)

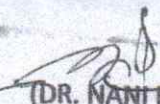
Signature /Thumb Impression  
Of the patient

Photograph of disability.



Recet Attested Photograph show!

Counter Signed by

  
(DR. NANI RIKA.)  
District Medical Officer  
Namsai, District Namsai  
Arunachal Pradesh  
Namsai District Namsai  
Arunachal Pradesh  
PIN - 792103