

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 Lr. Board members

Registration No. _____ have this

12th day of February 1992 examined the applicant whose particular are given below and that he/she falls within the above definition.

1. Name of candidate :- Miss Gyanti Dhobi
2. Identification mark :-
3. Father's name :- Shri Ram Lal Dhobi
4. Sex :- F
5. Approximate age :- 15 yrs.
6. a) Nature of disability :- Congenital deformity of both palms and fingers which are underdeveloped rudimentary fingers
- b) Tick relevant from following list:-

Post-Polio paralysis, Hemiplegia, quadriplegia, Mal-united, Fracture, Nerve paralysis, Hemiplegia, Upper Extremity, Lower Extremity, Limb, Painful, shortening, Deformity, Congenital Acquired, Above knee, Below knee, Hip, Hemipelvectomy, Syme's, Cheoparts, Wrist, 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 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, Below wrist under develop palm, Fingers both right and left.

- e) Any operation done or indicated.
- 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, Place: Date:-

Signature of Orthopaedic (Surgeon) Designation Office stamp.

Dr. Manjiv
Manjiv Anand Medical Officer
MEMORIAL HOSPITAL, TEZU
LOHIT DIST. (A. P.)

Dr. S. Parvathy
Surgical Officer
MEMORIAL HOSPITAL, TEZU
LOHIT DIST. (A. P.)

S. Parvathy
SURGICAL SPECIALIST
District Hospital, Tezu
Arunachal Pradesh



CERTIFICATE TO BE FILLED
SIGNED BY BOARD OF DOCTORS::

CERTIFICATE FOR HANDICAPPED ::

Signature of the candidate G. Dhobi

I hereby certified that the physical/~~mental~~ status of ~~Smt~~/
Smt. GYANTI DHOBI ~~son~~/~~daughter~~/~~wife~~/~~father~~/~~mother~~
of Sri/Smt. Ramlal Dhobi Village Jamunijot
P.O. Basngown District Gorakhpur State Uttar Pradesh
in the category of disability for hearing impaired/palsy/colour
blindness/orthopaedically handicapped/dumb disabled/Leprosy
and is ~~25% / 50% / 75% / 100%~~ disabled and ~~can gain 25% / 50% /~~
~~75% / 100% recovery after undergoing treatment/cannot be reco-~~
vered in any manner. ^

The board of doctors hereby certify that ~~Smt~~/
Smt. Gyanti Dhobi is disabled in the above catego-
ry disability and recommends for issuance of permanently/
periodicall disability certificate by the competent
authority.

1. _____
2. _____

[Signature]
(CHAIRMAN)

DR. [Signature]
District Hospital, [Signature]
Lohit District, A.P.

[Signature]
(DR. M. CHITRA)
(MEMBER) 28/10/04
Medical Officer
District Hospital, Tera
Lohit District
Uttar Pradesh

[Signature]
(DR. U.K. NAIN)
(MEMBER) Officer
District Hospital, Tera
Lohit District
Uttar Pradesh

Counter sign: by
[Signature]
Medical Superintendent
District Hospital, Tera
Lohit District, (A.P.)
District Hospital, Tera
Lohit District
Uttar Pradesh

[Signature]