

(As per PWD Act 95)  
DEPARTMENT OF HEALTH AND FAMILY WELFARE  
WEST SIANG DISTRICT, ALONG  
ARUNACHAL PRADESH

Certificate No. 159

Date 15.7.2016

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kumari Cheeden Gita  
Son/wife/daughter of Shri/Smti R.K. Gita Age 4 years old  
Male/Female, Registration No. nil a case of PPRPD LWS of  
right U/Limb

He/She is physically disabled/visually disabled/Speech and hearing disabled and  
has 75 % (Seventy five percent) permanent (Physical impairment/visual impairment/speech  
& hearing impairment) in relation to his/her limb

Note - 1. This condition is progressive/likely to improve/not to improve.  
2. Re-assessment is not recommended after a period of months/years.

• Strike out which is not applicable.

(Dr. K. K. [Signature])  
Medical Superintendent  
District Hospital Along (A.P.)

(Dr. T. [Signature])  
Medical Superintendent  
District Hospital Along (A.P.)

(Dr. [Signature])  
Medical Superintendent  
District Hospital Along (A.P.)

Signature/thumb impression



Graph

Countersigned by

[Signature]  
DMO/CMO  
(with stamp)  
Medical Examination Board  
District Hospital Along (A.P.)

Cheeden Gita



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