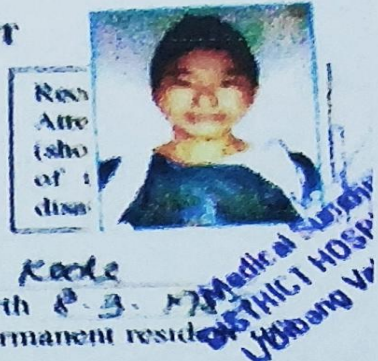




(In case of other that those mentioned in Forms II & III)

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

DISABILITY CERTIFICATE



Certificate no. 187
Date 3/1/2020

This is to certify that I have carefully examined Mr/Mrs/Miss Huse Kade son/wife/daughter of Mr. Dada Kade Date of Birth P. S. 17/11/1985
Age 35 years, Sex Male / Female Registration no. 187 permanent residence
House no. _____ Ward Village Street Dandi District Lower Dibang Valley
Post Office Humli whose photograph is affixed above, and am
State Assam / Madhya Pradesh / Uttar Pradesh / West Bengal / Other
satisfied that he/ she is a case of physical deformity of right foot following compound fracture of lower end of tibia & fibula 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	@	<u>compound fracture of tibia & fibula</u>	<u>21%</u>
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 01 years _____ months, and therefore this certificate shall be valid till 3.12.2021.

@ 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

[Handwritten signature]
23/1/2020

Signature /Thump impression of the disabled person

[Handwritten signature]

[Handwritten signature]
(Dr. O. Nguen)
Orthopedic Surgeon
DISTRICT HOSPITAL ROING
L/Dibang Valley Dist. (A.P)

Countersigned by

[Handwritten signature]
(Dr. O. Ngila)
Medical Superintendent
Medical Superintendent
DISTRICT HOSPITAL ROING
L/Dibang Valley Dist. (A.P)