

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 157

Date 23.2.11

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smti/Kum. Abul Kalam

Son/wife/daughter of Shri.....

Age..... old male/female, Registration No..... is a case of

..... He/she is Physically disabled/visual disabled/speech & hearing disabled

and has 30 % (thirty Per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her.....

Note:-

1. The condition is progressive/no-progressive/likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of.....
.....months/years.*

*Strike out which is not applicable.

[Signature]
 DR. R. D. DORAI
 (DOCTOR)
 Eye Specialist
 General Hospital Pasighat

[Signature]
 (DOCTOR)
 Seal
 Orthopaedic Surgeon
 General Hospital Pasighat
 West Assam, (A.P.)

[Signature]
 (DR. B. JAIN)
 (DOCTOR)
 Seal Specialist
 General Hospital Pasighat

Signature/Thumb impression of the patient.



[Signature]
 Countersigned by the
 Medical Superintendent/CMO/Head of
 Hospital (with seal)
 Medical Superintendent
 General Hospital
 Pasighat