

13/2022

**STANDARD FORMAT OF THE CERTIFICATE**

ANNEXURE-B

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. ....

Dated 28/2/22

**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**

This is to certify that Shri/Smti/Kumari KOLYON MOYONG

Son/wife/daughter of Sri Lungkang Moyong

Age 40 old Male/Female, Registration No. .... is case of Muscular dystrophy

.....Physically disabled/Visual disabled/Speech & Hearing, disabled and has 50 % (Left) permanent (physical impairment/visual impairment/speech & hearing Impairment) in relation to his/her Muscular dystrophy (weakness both lower limb & upper limb)

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.

Sd/- [Signature] 21/4/2022  
 (DOCTOR) Dr. T. Depak  
 Seal Sr Orthopedic Surgeon  
 BPGH & TC Pasighat  
K. Moyong  
 Signature/Thumb impression  
 of the patient

Sd/- [Signature] 21.4.22  
 (DOCTOR) Dr. Y. Ratan  
 Seal Sr Specialist (SG)  
 BPGH & TC Pasighat

Sd/- [Signature] 21/4/22  
 (DOCTOR) Dr. P. PERME  
 Seal Sr Eye Specialist (SG)  
 BPGH & TC Pasighat



[Signature] 21/04/22  
 Countersigned by the  
 Medical Superintendent/CMO/Head of  
 Hospital (with Seal)  
 Medical Superintendent  
 BPGH & TC Pasighat