

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

Certificate No. 43

Date 6.7.03

CERTIFICATE FOR THE PERSONS WITH DISABILITIES.

This is to certify that Shri/Smty/Kumari Taling Lino
son / wife / daughter of Shri / Smty Togi Lino
Age 21 years old Male / Female, Registration No. 13
a case of Febry ankylosis hip N

He / She is ~~physically disable~~ / visually disable / ~~Speech and hearing disable~~ and
has 40 % (40 Percent) permanent (Physical impairment/visual impairment /
speech & hearing impairment) in relation to his / her

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

• Strike out which is not applicable.

600 6/9/03
(Dr. K. Rina) (Dr. T. Lino)
(Seal) (Seal)
Medical Officer, District Hospital Along (A.P.) Medical Officer, District Hospital Along (A.P.)

[Signature]
(Dr. S. Lino)
(Seal)
Medical Officer, District Hospital Along (A.P.)

[Signature]
Signature / thumb impression
of the patient

[Signature]
Countersigned by
DMO / CMO
(with seal)
Chairman

Medical Superintendent, District Hospital Along (A.P.)



Photograph
of the patient
