

GOVERNMENT OF ARUNACHAL PRADESH  
SOCIAL WELFARE WOMEN & CHILD DEVELOPMENT DEPARTMENT, NAHARLAGUN.  
NAHARLAGUN.

FORM OF CERTIFICATE TO BE FILLED IN AND  
SIGNED BY BOARD OF DOCTORS:

PART (A)

Gagua Jao Certified that physical/Mental status of Shri/Smti  
.....in the category of disability/ for Hear  
impaired/Cerebral Palsy/Mentally/Othopaedically/Dumb/Disabled/Leprosy an  
is 25%/50%/75%/ 100% disabled, and can gain 25%/50%/75%/ 100% recovery af  
undergoing treatment/cannot be recoverd in any manner.

The Boards of Doctors hereby certify that .....

Shri/Smti Gagua Jao ..... is a disabled in the above  
category of disability and recommends for issuance of permanently of dis  
ability certificate by the component authority.

( Dr S. RONTA )  
Member  
(Orthopaedical Specialist)  
District Hospital Along (A.P)

Dr. T. Kena  
Member  
(ENT/EYE Specialist)  
Medical Examination Board  
District Hospital Along (A.P)

( Dr D.K. Biswas )  
D.M.O./M.O.  
Chairman Board,  
District Hospital Along (A.P)

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Photograph  
to be affixed.

IDENTITY CARD:

1. Name
2. Father's name/~~Husband's~~ name.
3. Present Address
4. Permanent Address
5. Occupation
6. Type of Disability
7. Age
8. Nature of disability:  
Whether:  
i) Permanent/irrecoverably disabled.  
ii) Temporarily/Recoverably disabled.

: SHRI : GAGUN YAO

: SHRI : TAMET YAO

: SHRI : GAGUN YAO  
P.O./P.S. KAYING, DISTRICT W/S  
ARUNACHAL PRADESH. PIN CODE-75

: SHRI : GAGUN YAO  
P.O./P.S. KAYING, DISTRICT W/S  
ARUNACHAL PRADESH  
: ~~XXXX~~ : STUDENT

: Post ~~phic~~ disability, not

: 22 Yrs, (TWENTY TWO)

: PERMANENT IRRECOVERABLY DISABLED

*Am*  
15th/9/2000

Signature/Thumb impression  
of the disabled person.

Signature, Seal of the  
Deputy Commissioner,  
(Issuing Authority)  
Siang District

Along.

