

**STANDARD FORMAT OF THE CERTIFICATE**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 379

Dated 02/07/2014

**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**

This is to certify that Shri/Smti/Kumari Tayang Sao

Son/wife/daughter of Sri Taka Sao

Age 46 Old Male/Female, Registration No. PPRP is case of Post Polio residual paralysis

Bilateral lower limb Physically disabled/Visual disabled/Speech & Hearing disabled and has

40% (Forty) permanent (physical impairment/visual impairment/speech & hearing

impairment) in relation to his/her PPRP

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/-  
(DOCTOR)  
Seal

2/7/2014  
DR. P. Durbak  
General Hospital Pasighat

Signature/Thumb impression  
of the patient.

Sd/-  
(DOCTOR)  
Seal  
Specialist  
General Hospital Pasighat

Sd/-  
(DOCTOR)  
Seal



Countersigned by the  
Medical Superintendent/CMO/Head of  
Hospital (with seal)

Medical Superintendent  
General Hospital  
Pasighat