

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. (96)

Date 23/12/09

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Sug/ku...

SANGITA PAUL

Son/wife/daughter of Shri SANTIP KANTI PAUL

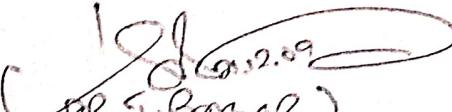
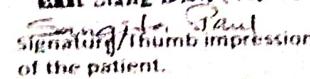
Age 20 old male/female, Registration No. OPD 20, 617/2012.c9 is a case of

Dyslexic (v) Disabilis
and has 50% (55% per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her
LEG Hand

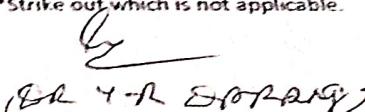
Note:

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.*

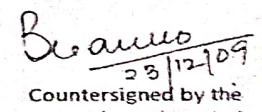
*Strike out which is not applicable.


 (Dr. T. Basur)
 (DOCTOR)
 Dr. T. Basur MBBS MSc
 Orthopaedics Surgeon
 General Hospital Pasighat
 East Siang Dist. (A.P.)

 Signature of patient
 thumb impression of the patient.




 (Dr. Y.R. Dharang)
 (DOCTOR)
 Eye Specialist
 General Hospital Pasighat


 (Mr. B. Lalji)
 (DOCTOR)
 Seal
 Ent Specialist
 General Hospital Pasighat


 Beano
 23/12/09
 Countersigned by the
 Medical Superintendent/CMO/Head of
 Hospital (with seal)
 Deputy Director of Health Services
 (Training & Research)
 Pasighat (A.P.)