

STANDARD FORMAT OF THE CERTIFICATE

NAMES & 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/Sri/Smt./Kum. SANGITA PAUL
 son/ante/daughter of Shri. SANTOSH KANT PAUL
 Age 20 yrs old male/female, Registration No. OPD 20, GIT/23.12.09 is a case of
Dyslipidemia (LD) Distal Fibrosis He/she is Physically disabled/visual disabled/speech & hearing disabled
 and has 50 % L FIBROS Per cent) permanent (physical impairment/visual impairment/speech &
 hearing impairment) in relation to his/her LESS 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.

(Signature)
Dr. S. P. ...
 (DOCTOR)
 (Dr. T. ... MBBS MB
 Orthopaedics Surgeon
 General Hospital Pasighat
 East Siang Dist. (A.P.)
Sangita Paul
 signature/thumb impression
 of the patient.

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

(Signature)
Dr. B. ...
 (DOCTOR)
 Seal
 Ent Specialist
 General Hospital Pasighat



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