

STANDARD FORMAT OF THE CERTIFICATE

ANNEXURE-B

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 57

Dated 24/12/19

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smti/Kumari OBIT TAPAK
Son/wife/daughter of Sri U. TARINA TAPAK
Age 39 old Male/Female, Registration No. 11338 is case of PPRP/RIGHT LOWER LIMB
50 % (50) permanent (physical impairment/visual impairment/speech & hearing
Impairment) in relation to his/her RIGHT LOWER LIMB

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/- [Signature]
(DOCTOR) (Dr. T. Tappa)
Seal Orthopedic Surgeon
BPGH & TC Pasighat

Sd/- [Signature]
(DOCTOR)
Sr. ENT Specialist (SG)
BPGH & TC Pasighat

Sd/- [Signature]
(DOCTOR)
Sr Eye Specialist (SG)
BPGH & TC Pasighat

Signature/Thumb impression
of the patient



Medical Superintendent
ENT & TOR Pasighat

[Signature]
Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with Seal)
Medical Superintendent
BPGH & TC Pasighat