

ANNEXURE-B

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 53 — 15/5/2010

Date \_\_\_\_\_

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum KUMAR GIYADI  
son/wife/daughter of Shri LAMBA GIYADI  
Age 23 yrs old male/female, Registration No. 53 — 15/5/2010 is a case of  
He/She is  
physically disabled/visual disabled/speech & hearing disabled and has 00 % (00)  
per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in  
relation to his/her polio paralysis (+) L/L of (R) eye - at Hospital

Note:-

1. This condition is progressive/non-progressive/likely to improve/not likely to improve.\*
2. Re-assessment is not recommended/is recommended after a period of \_\_\_\_\_  
\_\_\_\_\_ monts/years.\*

\*Strike out which is not applicable.

15/5/2010  
Sd/- Medical Officer  
DISTRICT HOSPITAL  
Seppa  
East Kameng District  
Seal  
Dr. Khond  
(Member)  
Signature/Thumb impression  
Of the patient.

Sd/-  
(DOCTOR) Seal  
Dr. D. Khuyyu  
(Chairman)  
Senior Medical Officer (S.G.O.)  
DISTRICT HOSPITAL  
SEPPA  
East Kameng District

Sd/-  
(DOCTOR) Seal  
K. Sopin  
Member  
Medical Officer  
DISTRICT HOSPITAL  
Seppa  
East Kameng District

Countersigned by the  
Medical Superintendent/CMO/Head of  
Hospital (with Seal) District Medical Officer  
East Kameng District,  
Seppa

Medical Officer  
District, Seppa  
East Kameng District  
A...