## DEPARTMENT OF HEALTH AND FAMILY WELFARE. WEST SIANG DISTRICT: : AALO:: ARUNACHAL PRADESH

Certificate No 17-

Date 19418

	CERTIFICATE FOR THE PERSONS WITH DISABILITIES.
	CERTIFICATE FOR THE PERSONS WITH DESCRIPTION OF THE PERSONS WI
	This is to certify that Shri/ Smty/ Kumari  Son/ wife/ daughter of Shri/ Smti  Vears old  No.  Age  Male/ Female, Registration  Years old  No.  Age  Age  Male/ Female, Registration  Years old  No.  Age  Male/ Female, Registration  Years old  No.  Age  Male/ Female, Registration  Years old  No.  Age  Male/ Female, Registration
	This is to certify that Shri/ Smty/ Kumari
^	Son/ wife/ daughter of Shri/ Smti / Ca de A On Male/ Female Registration
_	Years old
	No. Al a case of 18 chrit Christian.
	the state of the s
	He/ She is physically disable/ visually disable/ speech and hearing disable/ speech (a) percent) permanent (physical impairment / visual impairment/ speech
	& hearing impairment) in relation to his/ her
	Note: - 1. This condition is progressive/ likely to improved to improve.  2. Re-assessment is not recommended after a period of months/ years.
:	2. Re-assessment is not recommended.
	Strike out which is not applicable.
	(Dr. K. Ruse) (Dr. In redicine 3000 1000)
	Dis and Hospitz
	Alons
	Signature/ thumb impression
	of the patient
	(If the parent
	tograph Countersigned by
	lity
	DMO/ CMO
•	(with seal)
	State of the state
	********
	*************