## DEPARTMENT OF HERLTHAND FAMI WEST SIAND DISTRICT:: A ARUNG HAL TRADES

	••••••	Hospital, Aalo	Date.	7-1
<u>CERTIFIC</u>	CATE FOR T	HE PERSON WIT	II Dro	
This is to certify	that Shri/Sm	& Lekan	Rilea	
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He /She is Dhank			'	)
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Speech and hearing impairm	ent in relatio	anent (Physical	impairment/visual impairme	nt/
and ampair in	ont in relatio	n to his/her	RARILLY	•••
Note:- 1. This condition is pro	noressive/libel	v to immune	,	
2. Re-assessment is no	t recommend	ed after a nariod of	months/years.	
(Strike out which is	not applicabl	e) //	1.1	
Land Van Service			$\mathcal{A}V = 1$	
(2)	$\nabla L$	14.04	Heep	
(Dr. A)	(Dr	~~~~)	(Dr. J. My Fra)	
i did enherination Board	(Abdica)	Chairman Examination Bears	Member	
District Hospital Aalo(A.P.)	District	Hospital Aalo(A.i?.)	Medical Exam	
21 V			District Hospital Aalo(A	

Signature/Thumb impression of the patient

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