

ANNEXURE-B

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 14/2010

Gen. Hosp. (A.P.)

Date 31/5/10

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum Tani Taga CP Shri Tani Nibay
son/wife/daughter of Shri U. Tapian Taga AE SLDC
Age 28 5/8 old male/female. Registration No. _____ is a case of
physically disabled/visual disabled/speech & hearing disabled and has 50% (60%)
per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in
relation to his/her _____

Dept. of
Gen. Hosp.
Naharlagun

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.

Dr. S. 28/05/10
Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal
Dr. K. D. D...
FYE SPECIALIST
General Hospital
Naharlagun

Sd/-
(DOCTOR)
Seal
DR. KUMARI RIBA
(M.S. ENT)
General Hospital, Naharlagun
(A.P.)

Signature/Thumb impression
Of the patient.

Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with seal)

Chief Medical Officer
General Hospital, Naharlagun (A.P.)

