

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 471

Date 20/01/2018

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smti/Kum. Dulem Moyong

Son/wife/daughter of Shri. Opak Moyong

36 old male/female, Registration No. _____ is a case of

_____ He/she is Physically disabled/visual disabled/speech & hearing disabled and has 42 (forty two) % (_____) Per cent permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her Umpiparesis B. sided following CVA

- 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 5 years / _____ months/years.*

*Strike out which is not applicable.

[Signature]
 (DOCTOR)
 Seal
 (Medical Officer)
 General Hospital
 Pasighat

[Signature]
 (Dr. B. B. B.)
 (DOCTOR)
 Eye Specialist
 General Hospital Pasighat

[Signature]
 (DOCTOR)
 Eye Specialist
 General Hospital Pasighat

Signature/Thumb impression of the patient.



[Large Signature]
[Signature]

[Signature]
 Countersigned by the
 Medical Superintendent/CMO/Head of
 Hospital (with seal)
 Medical Superintendent
 General Hospital
 Pasighat