

APPENDIX -V

GOVERNMENT OF ARUNACHAL PRADESH  
DEPARTMENT OF SOCIAL WELFARE  
NAHARLAGAM

MEDICAL CERTIFICATE IN RESPECT OF AN  
ORTHOPAEDICALLY HANDICAPPED CANDIDATE

For the purpose of assistance, the orthopaedically, Handicapped are those who have physical defect or deformity which causes an interference with the normal functioning bones, muscles and joint.

Certified that I, Dr. Members of the Medical Board  
Registration No. an Constituting by the M.P.S. (S) of D.H.P. have this

9-11 day of April 2002 examined the applicant whose particular are given below and that he/she falls within the above definition.

1. Name of candidate :- Miss Shanti Perthin
2. Identification mark :- A black mole near Rt. angle of mouth.
3. Father's name :- Sgt T. Perthin
4. Sex :- Female
5. Approximate age :- 16-yrs
6. a) Nature of disability:- Post-polio paralysis (Rt. lower limb) & deformity and shortening.
- b) Tick relevant from following list:-

Post-Polio paralysis, Hemiplegia, quadriplegia, Mal-united, Fracture, Nerve paralysis, Hemiplegia Upper Extremity, Lower Extremity, Limb, Painful, shortening, Deformity, Congenital Acquired, Above Knee, Below knee, Hip, Hemipelvectomy, Symes, Cheoparts, Wrist, Fingers, Elbow, Above Elbow, shoulder, Fore quarter, Unilateral Bilateral.

c) Extent of disability:-

Estimate in percentages (Mr. Bride's scale) on anatomical, Functional, (Patients Assessment, Examiner's Assessment).

Economical Basis mention as percentages, Below 25, 25-75, 75 to total disability.

d) Use of appliances,

(Tick relevant from following list)

Callipos, Crulo, Above Knee, Below Knee, Prosthesis, Cone, Unilateral, Bilateral, above Elbow, Hemipelvectomy Shoulder, Disarticulation.

e) Any operation done or indicated.

f) Photograph (Attested)

To show the nature of disability & any appliance if disability.

7) Any other particulars to clarify the nature & extent disability that the surgeon might like to point out.

8) Nature and amount of help required,

Signature of Candidate.

Place:

Date:

Signature of

Designation

Office stamp.

SKR/

Medical Officer  
District Hospital, Tero  
Lohit District  
Arunachal Pradesh

Dr. C. W. Thomas  
Medical Officer  
District Hospital, Tero  
Lohit District

FORM OF CERTIFICATE TO BE FILLED IN  
AND SIGNED BY BOARD OF DOCTORS :

/ CERTIFICATE FOR HANDICAPPED /

Certified that the physical/mental status of SRI/  
MISS Shanti Pethin..... in the category of ✓  
disability for hearing impaired palsy/colour blindness/orthopaedical-  
ly/dumb/disabled/Leprisy and is 25%/50%/75%/100% disabled and can  
gain 25%/50%/75%/100% recovery after undergoing treatment/cannot be ✓  
recovered in any manner.

The board of doctors hereby certify that SRI/  
MISS Shanti Pethin..... is disabled in the ✓  
above category disability and recommends for issuance of permanently/  
periodical disability certificate by the competent authority.

*08/04/02*  
*(S.C.M. Jha)*  
(Chairman)  
District Hospital Tozu  
Lohit District  
Arunachal Pradesh

(Member)  
*M. S. Jha*  
Medical Officer  
District Hospital, Tozu  
Counter Signed by  
Arunachal Pradesh

*08/04/02*  
(Member)  
*Dr. C. M. Thamburaj*  
Medical Officer  
District Hospital Tozu  
Lohit District  
Arunachal Pradesh

*S. S. Jha*  
Medical Superintendent  
District Hospital, Tozu.

Account Superintendent  
District Hospital, Tozu  
Lohit District  
Arunachal Pradesh

KS/-