

STANDARD FORMAT OF THE CERTIFICATE

ANNEXURE

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 moyang

Son/wife/daughter of Shri. OPAK MOYONG

Age 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

Amiparasi D. bided - following CRA

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.

*Strike out which is not applicable.

Signature of Doctor

(DOCTOR)

Seal

General Hospital Pasighat

Signature of Doctor

(DOCTOR)

Eye Specialist

General Hospital Pasighat

Signature of Doctor

(DOCTOR)

Eye Specialist

General Hospital Pasighat

Signature/Thumb impression of the patient.



Medical Superintendent

Signature of Medical Superintendent

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