



ANNEXURE-B

**STANDARD FORMAT OF THE CERTIFICATE**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 452

Dated 10/9/2015

**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**

This is to certify that Shri/Smti/Kumari R.P. Talui  
Son/wife/daughter of Sri Talui Talui

Age 50 Old Male/Female, Registration No. 65431 is case of ad. displacement B

Hip Physically disabled/Visual disabled/Speech & Hearing disabled and has  
.....% (20%) permanent (physical impairment/visual impairment/speech & hearing  
Impairment) in relation to his/her Hip

Note:-

1. The condition is progressive/no-progressive/likely to improve/not likely to improve. on operation
2. Re-assessment is not recommended/is recommended after a period of.....  
Months/years.

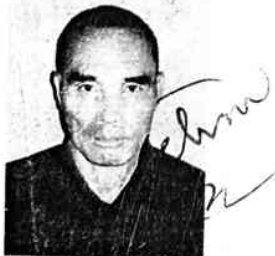
\*Strike out which is not applicable.

Sd/- [Signature]  
(DOCTOR) Orthopaedic Surgeon  
Seal General Hospital  
**Pasighat**

Sd/- [Signature]  
(DOCTOR) ENT Specialist  
Seal General Hospital  
**Pasighat**

Sd/- [Signature]  
(DOCTOR) Eye Specialist  
Seal General Hospital  
**Pasighat**

Signature/Thumb impression of the patient.



[Signature]  
11.09.2015

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