

# STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 886

Date 20/7/15



## CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that Shri/Smt./Kum Radheshyam Bind

Son/wife/daughter of Shri Saxu Bind

Age 19 old male/female, Registration No. ....

is a case of .....

He/She is physically disabled/speech & hearing disabled and has 75% (Seventy five)

(.....percent) permanent physical impairment/visual impairment/

speech & hearing impairment in relation to his/her .....

RPD of upper limb

limb

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 .....months/years.

Nil + 90 - Telari Ps. Chonari Pothal

Strike out which is not applicable.

20/7/2015

(DOCTOR)

Seal

Orthopaedic Surgeon  
Sadar Hospital, Sasaram

Signature/ Thumb impression  
of the Patient

20/7/15

(DOCTOR)

Seal

Dr. Mohan Singh  
Sadar Hospital, Sasaram  
Regd. No. 21721

[Signature]  
(DOCTOR)  
Seal

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

Recent Attested Photograph  
Showing the disability affixed here



Radheshyam Bind

MS - Till (L) Side Ear & low