

(Free Form - Not For Sale)

ANNEXURE-B
D.O.U

OFFICE OF THE CHIEF MEDICAL OFFICER, VARANASI

**CERTIFICATE FOR THE PERSONS WITH DISABILITIES
DARD FORMAT OF THE CERTIFICATE**

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL Issuing the certificate

Certificate No. 1157

Date 08/11/2017

This is to certify that Shri/Smt./Kum Deviendra Kumar Bharali Age 30/11/92
Son/wife/daughter of shri Amar Nath Bhargava Add Mall-Rasulpur Post-Ku
B-792, Dist: Varanasi old male/female, Registration No. PPH/UP/1157 is a case of
Upper limb He/She is
physically disabled/visual disabled/speech & hearing disabled and has 45% (fourty five
percent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation
to his/her.....

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.*

*Strike out which is not applicable.

[Signature]
(DOCTOR)
Seal

[Signature]
Dr. Gaurav Prasad
(DOCTOR)
Seal
PD D.L. [Hospital Name]

[Signature]
8-11-17
(DOCTOR)
Seal
[Hospital Name]

Signature/Thumb impression
of the patient

देवेन्द्र कुमार भारती

देवेन्द्र कुमार भारती
(प्रार्थी)



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

[Signature]
8-11-17
[Hospital Name]

देवेन्द्र कुमार भारती