## OFFICE OF THE CHIEF MEDICAL OFFICER DISTRICT-KUSHINAGAR

Certificate No....

7276

Date 13: 0.5 115

Go. No.-7/4/7 (कार्मिक) 2 Dated-20 May, 78

## CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is	s to certify that Shri/Smt./Kum.	Things	
son/wife/dau	s to certify that Shri/Smt./Kum.	House franch	in or years
	old male/female, Registrati		
	P1 27 6/c	tour tirus	He/She
is physically d	lisabled/visual disabled/spech & hearing	g disabled and has	/. %
	rmanent (physical impairment/visu	A AS II W II W III W II W II W II W II W	The second of the second
relation to his	/her		*******************************
Note :- 1. 2.	This conditions is progressive Non-Progressive/likely to improve/not likely to improve*  Re/assessment is not recommended/is recommended after a period of		
	* Strike out which	is not applicable.	
Signatur	(DOCTOR)  M.B.B. (DOCTOR)	(DOCTOR) Seal	(DOCTOR) Scal
of the pa	irties.		



Medical Superintendent/CMO/Head of Hospital (with seal)