OFFICE OF THE CIVIL SURGEON CUM CHIEF MEDICAL OFFICER, MADHUBANI

| OFFICE OF THE CIVIL SURGEON CUM C | HIEF MEDICINESTS |
|--|--|
| Certificate No7./ | Date 29.6.13 |
| ertificate No. | DICARU ITIES |
| CERTIFICATE FOR THE PER | RSONS WITH DISABILITIES |
| William Dal | LUT KUMPKI |
| Son/Wife/Daughter of Shri | MISHRA A BAIT |
| Address. Willege. CHODPTA, POST | KAKO, DIST MALDHODAINE |
| old mate/female, Registr | ation Nois a |
| ge 8 Evinerated (R) (D) 64 | (B.P.: |
| | |
| | 40% Forty percent |
| | 40/ (forty percent |
| He/She is physically (| nairment/speach and hearing impairment i |
| relation to his/her | pairment/speach and hearing impairment i |
| Note: 1. This condition is prograssive/non-p | rograssive/likely improve/not likely to improve. I/is recommended after a period of months/year |
| 2 Reassessment is not recommende | //S recommend |
| Strike out which is not applicable. | TELEPHONE |
| | |
| | |
| (Sd.) (Sd.) An au | (Sd.) |
| (Sd.) Ledas 1018 | 18., |
| Doctor प्राचकारी Doctor प्रभारी चिकित्सा | Doctor प्रवादकारी Doctor |
| Docion पराचित्र कर्ष (Seal)पार्थाम् स्वास्थ्य कर्ष प्रजारपुर | पदारिक (Seal) प्राथमिक स्वारवाय केन्द्र (Seal) |
| (Seal)भवान अलातुर | r |
| | |
| राखी कमरी | |
| of the nation | |

Signature / thumb impression of the patient.

कता प्रशापकारी कारमण केन्द्र कारमण केन्द्र

Countersigned by the Medical Superintendent CMD/Head of Hospital (With Seal)