

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 999

Date 19/3/12

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that Shri/Smt./Kum Shri. Anil Kumar

Son/wife/daughter of Shri Parman Singh

Age 20yrs old male/female, Registration No.

is a case of PRPD.

He/She is physically disabled/speech & hearing disabled and has 50 %

(65% percent) permanent physical impairment/visual impairment/

speech & hearing impairment in relation to his/her Monoplegia (RH)

hand right

MR: Scar made @ Eye brow

- Note - 1. This Condition is progressive / Non progressive / likely to improve / not likely to improve. will improve 100% after 6 months
- 2. Re-assessment is not recommended / is recommended after a period of _____ months/ years.

Strike out which is not applicable.

~~Dr. Nand Lal Choudhan~~
 (DOCTOR) ~~Sadar Hospital, Sasaram~~
 Seal ~~Reg. No.-21182184~~

S/ 19.3.12
 (DOCTOR) Dr. Sanjeev Kumar Sinha
 Seal Sadar Hospital, Sasaram
Regd. No.-23689

Dr. B.N. Seal
 (DOCTOR) Specialist
 Seal Sadar Hospital, Sasaram

Anil Kumar
 Signature/ Thumb impresssion
 of the Patient

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

Recent Showin



ph fixed here
19/3/12
Dr. Nand Lal Choudhan
Sadar Hospital, Sasaram
Regd. No.-21182184

Dr. Sanjeev Kumar Sinha
 Medical Officer