STANDARD FORMAT OF THE CERTIFICATE

Name Address of the Institute / Hospital issuing the Certificate Civil Surgeon Cum C.M.O. (Bokaro) Certificate No. (56) ..... Date 4/3/23

Certificate for the persons with disabilities.

This is to certify that Shri/Smt./Kum. नितीश कुमार

Son/Wife/Daughter of Sri श्री फेरन नाथ महतो

Age 2004 old Male / Female, Registration No. .....

In a case of Muscular dystrophy

He / She is physically Disabled / Visual Disabled / Speech & Hearing Disabled and has 70%

Its (Seventy percent) permanent (physical impairment visual impairment Speech & Hearing impairment) in relation to his/her Left thigh

Note

1. This conditions is progressive / No progressive / Likely to improve/Not liked to improve.
2. Reassessment is not recommended / is recommended after a period ..... Month / Years.

Strike out which is not applicable

4/3/23

Dr. P. P. Singh
Ortho Paedic Surgeon
Medical Board, Bokaro

Sd. / Doctor Seal

4/3/2023

Dr. SHIVNATH
EYE SURGEON
MEDICAL BOARD
BOKARO

Sd. / Doctor Seal

4/3/23

Eye & ENT Surgeon
Medical Board, Bokaro

Sd. / Doctor Seal

Nitish Kumar

Signature/Thumb impression of the patient

Counter Signed by
The Medical Superintendent
CMO / Head of Hospital With Seal

4/3/23