

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate Shubham

Certificate No. 4287

Date 25/10/07

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum Shubham
son/wife/daughter of Shri Pardub Kumar v-Dohab Post G.P. - Shubham
Age 7 old male/female, Registration No. 4287 is a case of
BIL Partially Corrected CTEV. He/She is
physically disabled/visual disabled/speech & hearing disabled and has 40 %
(Body per cent) 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.

Sd/-
(Doctor)
Seal
[Signature]
25.10.07

Sd/-
(Doctor)
Seal
[Signature]

Sd/-
(Doctor)
Seal
[Signature]

Signature/Thumb Impression



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