

STANDARD FORMAT OF THE CERTIFICATE

Certificate No: 329

Dated: 13/7/16

Certificate for the person with disabilities :

This is to certify that Shri/ Smt./Kumari : विशाल चक्रवर्ती

Son/Daughter/ Wife of Shri : निपुसरी चक्रवर्ती

Address: ग्राम- बी. नाना सिद्धी, बिला बौची (झारखण्ड)

Age : 15 वर्ष OLD Male/ Female, Registration No : 01. is a case

Of: Bilateral Coxa Vara & fixed flexion deformity

of both hips

He/ She is Physically Disabled/ Visual Disabled/ Speech & Hearing Disabled and has 50 %

11th Percent) Permanent/Temporary (Physically Impairment/ Visual Impairment

Speech & Hearing Impairment) in relation to his/her locomotion

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 12 months/years
- Strike out which is not applicable.

Doctor's Signature
Medical Officer
(With Seal)
Gadar Hospital, Ranchi

Doctor's Signature
(With Seal)

Doctor's Signature
(With Seal)
Gadar Hospital, Ranchi

Signature / Thumb impression of the Patient

विशाल चक्रवर्ती

Countersigned
Medical Superintendent/CMO/
Chief Medical Officer
Head of Hospital
(with Seal)

DECLARATION

i.Shri/Smt/Kumari : विशाल चक्रवर्ती
Hereby declare that I have

Neither appeared nor obtained any kind of

