

FORM - II

DISABILITY CERTIFICATE

(In case of amputation or complete permanent paralysis of limbs
and in cases of blindness)

(SEE RULE 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)



Date :- 13/10/17

This is to certify that I have carefully examined

Shri/Smt/Kum Mahendra Patni

Son/Wife /daughter of Shri Abi Patni

Date of Birth :- 11 11 03 Age Years
(DD) (MM) (YY)

Male/Female :-

Registration No :- PC-221/10/17

Permanent resident of house no :-

Ward/Village :- Namcharaibari

Street :-

Post Office :- Raunamukh

District :- Birkwanath

State :- Assam

Whose Photograph is affixed above , and am satisfied that :-

(A) He/She is a case of :-

- Locomotor
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is :- Shooting R.L. L/L

(c) He /She has 40 % (in figure) Party

percent (in words) permanent physical impairment / blindness in relation to his/her

R.L. L/L (Part of body) as per guidelines (to be specified)

2 . The applicant has submitted the following document as proof of residence :-

Nature of Document	Date of issue	Detail of authority issuing certificate

Howe
12/10/18
(Signature and Seal of Authorised
Signatory of notified Medical Authority)

Mahendra Palizi
Signature / Thumb impression of
the person in whose favour
disability certificate is issued

10 12/10/18
Jt. Director of Health Service
Cum Chairperson, District Medical Board
Saugor, Tezpur