

ANNEXURE-B

STANDARD FORMAT OF THE CERTIFICATE

Name, Address of the Institute/Hospital Issuing of the certificate- Sadar Hospital, Giridih

Certificate No. 307

Date 06.05.2017

Certificate for the person with disabilities:

This is to certify that Sri./Smt./Kum. Mehtab Alam Son/Wife/Daughter of Md. Zafar Age 26 Years old Male/Female Registration No. Resident of Vill. Lataki P.O. Lataki PS. Jamua Dist. Giridih Pin. is a case of Mental P.P.

He/She is physically Disabled/Visual Disabled/Speech & hearing Disable and has (40% - fortuitous) Permanent Physical Impairment/ Visual Impairment/ Speech & Wearing 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.....month/years
Strike out which is not applicable

DR. BALNAND JHA MEDICAL OFFICER SADAR HOSPITAL, GIRIDIH REGD. NO.-21506

DR. DEEPAK KUMAR Eye Specialist Sadar Hospital, Giridih R.No-30647/1998

DR. FAZAL AHAMAD Psychiatrist Sadar Hospital, Giridih R.No-3062/2010

Counter signed by Civil Surgeon - cum - CS. Giridih Medical Officer Giridih

Signature/ Thumb Impression of the patient

Mehtab Alam

