

NAME AND ADDRESS OF THE INSTITUTE /HOSPITAL ISSUING THE CERTIFICATE CIVIL SURGEON, MEWAT

CERTIFICATE NO. 5802
31

DATE 12-12-7

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This Is To Certi That Sh/Sant/Km RAJINDER
S/o W/o D/o Shri RAJENDRA Age 26/12
Old Male/Female Registration No. _____ Is A Case Of _____
He / She /Is _____

Physically Disable / Visual Disabled /Speech And Hearing Disables And Has _____

Percent) Permanent (Physical Impairment/ Visual _____

C.P. with M.R. c. Quadriplegia
100% (Hurtal)

Note;

1. This Condition is Progressive /None Progressive /Likely to be improve /not like to

_____ recommended /is recommended after a period of 5 year/_____

Strike out which is not applicable

DOCTOR SEAL

DOCTOR SEAL

12/12
Orth. Surgeon Board
DOCTOR SEAL
G.H. Muzaffargarh

Signature / thumb impression
Of the patient.



Countersigned by the medical superintendent

Civil surgeon /head of the hospital with seal

अनुमति पत्र जारी करने वाले चिकित्सकीय संस्थान का नाम: मेवात, 9416354184

Ref. to Dr. G. H. Muzaffargarh Psychiatric opinion: G. H. Muzaffargarh
12/12