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

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Date 251-7004

CERTIFICATE FOR THE PERSON WITH D	DISABILITIES					
Disabled/visual disabled/speech and h	ageis a case of					
NOTE: 1- This condition is progressive/r	none progressive/likely to be improve/not likely to be improve/not likely to be improve/not likely to be improve/not likely to					
Strike out which is not applicable						
DOCTOR SEAL Signature/Thumb impression of the patient	DOCTOR SEAL Orth Surgeon Member Handicap Board G.H. Mandikhera Senior Medical Officer Al Countersigned by the Medical Superintendent District Mandikhera					

Dad cap Board

Ha Givil surgeon/HeadSof the Hospital at With Shaldikhera