

DISABILITY CERTIFICATE

888

- 1. Name Miss. Pooja Devi
- 2. Father's/Husband's Name Sh. Mohan Lal
- 3. Sex & Age: F Male / 10 years
- 4. Address: R/O. Laddan Power House
Teh. Udhampur



Medical officer
Udhampur

5. Mark of Identification: Black mark on face

6. Type of Disability: Visual Disability/Hearing Impaired/Locomotors Disability/Mental Retardation/Any other Disability (Specified in the Act).

7. Diagnosis:

Amnoplegia (L) (con)

Septic Weller
7. A. Carlschlein

8. Degree of Disability (%age) (Detailed in the Act guidelines)

Postly five percent

9. Validity:

[Signature]
Medical Officer
Dr. K.R. Kudyas
Orthopaedic Surgeon
District Hospital
Udhampur

[Signature]
Medical Officer
Physician Specialist
District Hospital
Udhampur

[Signature]
Chief Medical officer
Chairman
Udhampur
Medical Board

OFFICE OF THE CHIEF MEDICAL OFFICER
UDHAMPUR

NO: CMO/UDH/MB/ 2007-8/888

Dated: 13/11/2007

Copy to Pooja Devi Sh. Mohan Lal R/O Laddan Power House
This is in reference to his/her application dated: 22.7.07

[Signature]
CHIEF MEDICAL OFFICER
UDHAMPUR
Udhampur