

INVALIDATION CERTIFICATE

Certified that we have carefully examined **Mst. Mufarrah Qamar** W/o **Muhammad Tayyab** working as **EST** in the **Education Department, Lahore.** Department (vide No): **3825** dated: **15.10.2022.** Her age according to her own service record is **52** years and by appearance is about **52** years. The brief clinical **FINDINGS** are:

“ *Difficulty in walk, multiple fractures
vertebral spines.* ”

We consider her to be **INVALID** as a consequence of the **DIAGNOSIS** of *Plasma cell myeloma.* ”

The invalidation category assigned is **“A”**.

- A. *Completely and permanently incapacitated for further service of any kind.*
- B. *Completely and permanently incapacitated in the department to which he/she belongs.*
- C. *Incapacitated for further service in the appointment which he /she holds, but we are of the opinion that he/she is (or may after resting for _____ months be) fit for service of less laborious character than which he/she has been doing.*

Her incapacity does not appear to us to have been caused by irregular or intemperate habits.

Thumb and finger impressions of the examined person if not a gazetted officer:



I.D. Card No: **35301-1965227-6**

Date of Birth: **10.04.1971**

Date of SMB: **25.01.2023**

[Signature]
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[Signature]
MEDICAL SUPERINTENDENT
SERVICES HOSPITAL LAHORE

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Medical Superintendent
Services Hospital Lahore

[Signature]
Director
General Health Services Punjab
Lahore.
Countersigned