



**OFFICE OF THE MEDICAL SUPERINTENDENT  
ISFANDYAR BUKHARI DISTRICT HOSPITAL ATTOCK**

**Phone #: 057-9316070**

**Email: msdhqattock@gmail.com**

No: \_\_\_\_\_ MS/IBD(H) Atk

Dated: \_\_\_\_\_

**INVALIDATION CERTIFICATE**

Certified that we have carefully examined **Mst. Samina Yasmeen W/O Nisar Ahmed** working as **EST** in **Education Department**. Her age according to her own service record is **49** years and appearance is about **49** years. The brief clinical finding are:-

**"Mst. Samina Yasmeen, EST, Govt. Girls High School, Boota, 48 years old, appeared before the SMB on 03.01.2022. She is diagnosed a case of End Stage Renal Disease. She is on maintenance Hameodialysis via AVF Twice weekly in this hospital. She is chronic Hypertensive and on treatment. The opinion of worthy Nephrologist is also attached. Keeping in consideration, her present state of health and nature of disease, she is unable to discharge her duties and recommended to be boarded out on medical grounds and assigned category "B".**

We consider her to be invalid as a consequence of the diagnosis **"End Stage Renal Disease, Chronic Hypertension.** The invalidation category assigned is **"B"**.

- 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. Incapacitate 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 she /he been doing.

His / her incapacity does not appear to us to have been caused by irregular or intemperate habits.

Thumb and finger impression of the examined person if not a Gazeted Officer.



ID Card No. **37101-1638440-4**

Date of Birth. **02.06.1974 (as per ID Card)**

Date of Examination by SMB: **03.01.2023.**

**Medical Specialist,**  
(Specialist's Stamp showing Name  
Preliminary Invalidation Committee,  
D.H.Q.Hospital, Attock.

**Surgeon,**  
(Stamp showing name and designation)  
Preliminary Invalidation Committee,  
D.H.Q.Hospital, Attock.

**Medical Superintendent,**  
Chairman,  
Medical Superintendent  
Preliminary Invalidation Committee,  
D.H.Q. Hospital, Attock.

Countersigned