

OFFICE OF THE CHIEF MEDICAL OFFICER, BAREILLY

Certificate No. 2303

Date 4/12/14

DISABILITY CERTIFICATE

This is to certified that Shri/Smt/Kum. Javed Khan son/wife/daughter of
Shri. Naveen Khan Age 14y Sex M identification
mark(s)..... is suffering from permanent disability of following category.

A. Locomotor of cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness or grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness or grip
 - (c) Ataxic
- (v) OA-One arm affected
 - (a) Impaired reach
 - (b) Weakness or grip
 - (c) Ataxic
- (vi) BH-Stiff back and hips (Can not sit or stood)
- (vii) MW-Muscular weakness and limited physical endurance

70% Severe



B. Blindness or Low Vision:

- (i) B - Blind
- (ii) PB - Partially Blind

C. Hearing impaired:

- (i) D - Deaf
- (ii) PD - Partially Deaf

(Delete the category whichever is not applicable)



2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessn of this case is not recommended/is recommended after a period of year.....months.

3. Percentage of disability in his/her case ispercent.

4. Sh./Smt./Kum. meets the following physical requirements discharge of his/her duties

- | | |
|---|--------|
| (i) F- can perform work by manipulating with fingers. | Yes/No |
| (ii) PP- can perform work by pulling & pushing. | Yes/No |
| (iii) L- can perform work by lifting. | Yes/No |
| (iv) KC- can perform work by kneeling and counting. | Yes/No |
| (v) B- can perform work by bending. | Yes/No |
| (vi) S- can perform work by sitting. | Yes/No |
| (vii) ST- can perform work by standing. | Yes/No |
| (viii) W- can perform work by walking. | Yes/No |
| (ix) SE- can perform work by seeing. | Yes/No |
| (x) H- can perform work by hearing/speaking. | Yes/No |
| (xi) RW- can perform work by reading and writing. | Yes/No |

(Dr. [Signature])
Member
Medical Board

(Dr. [Signature])
Member
Medical Board

(Dr. [Signature])
Member
Medical Board

Countersigned by the
Chief Medical Officer
(with seal)

*Strike out which is not applicable
*Not valid for medicolegal purpose.



Dated: 06-Dec-10

o.PMR (DC) / 4265

CERTIFICATE FOR THE PHYSICALLY HANDICAPPED PERSON
TO WHOM IT MAY CONCERN


This is to certify that Master Bibin Joseph*****
son of Shri Sh. Sabu Joseph*****
14 Years old, Male PMR OPD No. 11878/2010*****
is a case of Cerebral palsy with spastic paraparesis *****
He is physically handicapped and has Fifty Percent (50%)*****
permanent physical impairment in relation to his Whole body*****

- Note : 1. This condition is not likely to change . Reassessment not recommended
2. The condition is likely to change. Reassessment recommended after 0 years

Dr. L. Sushil Singh
Senior Resident
DEPTT. OF PHYSICAL MED. REHABILITATION
आय.आ.सि., नई दिल्ली-29
A.I.I.M.S., NEW DELHI-29

शरीरमात्रा एवं पुनर्वास विभाग
Dr. Gita Handa
Consultant
DEPTT. OF PHYSICAL MED. REHABILITATION
आय.आ.सि., नई दिल्ली-29
A.I.I.M.S., NEW DELHI-29

Dr. U. Singh
Head of Deptt.
DEPTT. OF PHYSICAL MED. REHABILITATION
आय.आ.सि., नई दिल्ली-29
A.I.I.M.S., NEW DELHI-29


Signature /Thumb impression of the patient




Countersigned by the Medical Superintendent, AIIMS

Deptt. of Physical Medicine & Rehabilitation
A.I.I.M.S., New Delhi-29



OFFICE OF THE MEDICAL SUPERINTENDENT
PT. MADAN MOHAN MALAVIYA HOSPITAL
 GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110017

No.F.14/59/ 5-5-52 /Pt.MMMH/ 837

Dated: 28/6/13

CERTIFICATE

FOR THE PERSONS WITH DISABILITIES

This is to certify that *Shri Sant Kumar*
 3/6 W/o D/o
 aged Male/Female with a Registration No.
 of physical disability / visual disability / speech & hearing disability and has
% (Seventy five percent) permanent (physical impairment / visual
 impairment / speech & hearing impairment) in relation to his / her

Right Upper Limb

This condition is progressive / Non-progressive / Likely to improve / Not likely to improve.
 Re-assessment is not recommended / is recommended after a period of

S.K. Varma
 MEMBER
 Disability Board
 Dr. S.K. VARMA
 Specialist in ENT
 Department of Otorhinolaryngology Surgery
 Madan Mohan Malaviya Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017

MEMBER
 Disability Board
 Dr. ANSHU GUPTA
 Junior Specialist (Medicine)
 Pt. M. M. Malaviya Hospital
 Malviya Nagar, Govt. of NCT of Delhi

MEMBER
 Disability Board
 Dr. MANISH K. SHARMA
 Jr. Specialist (Surgery)
 Pt. M. M.M. Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017
 Recent attested photograph showing disability

Signature / Thumb impression of Patient
[Handwritten Signature]



Counter signature of Disability Board Chairman
 Dr. S.K.Varma, Consultant / ENT

Dr. S. K. VARMA
 M.S. (E.N.T.)
 Consultant ENT
 Chairman Disability Board
 Pt. M. M.M. Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017

Date: 28/6/13



OFFICE OF THE CHIEF MEDICAL OFFICER GHAZIABAD

NO. M-1/H/2014 - 254

Dated: 24/4/14

HANDICAPE CERTIFICATE IN ACCORDANCE WITH G.O.NO.7/42071 KARMIK-2 DATED MAY 20-1978



We examined S/i/Synt. Km. Priya Gupta
Age About 20 year
S/o/D/o/W/o with of Sri. Sanjeev gupta
Resident of A. N. 604 Hindon Hight Apartment
Sector - 4 Vaisali ghaziabad District Ghaziabad.

Whose signature LRTI is given below certificate that He/She is a case of
Paraparesis in ability is abt.
55% (fifty five percent)

The Percentage of disability is about 55% percentage.
We certified that He/She is permanently physically handicapped person.

Priya

[Signatures]
ORTH. SURGEON (MEMBER) PHYSICIAN (MEMBER) EYE SURGEON (MEMBER) E.N.T. SURGEON (MEMBER)

[Signature]
Sig./LTI/RTI of the candidate

[Signature]
मुख्य चिकित्सा अधिकारी
मुंबई
CHIEF MEDICAL OFFICER
GHAZIABAD.



Application for Masters

REGISTRATION NO: JMI05207297M14

PAYMENT ID: JMI02072970684V

PHD in Department:

Candidate Name: HASSAN SAEED

आपका नाम :

Father's Name: MOHAMMAD SAEED

पिता का नाम :

Mother's Name: AMIRA WAQAR

माता का नाम :

Father's / Mother's /
Spouse (if married) Mobile
Number:

पिता / माता का मोबाइल नंबर :

Date of Birth: 04. October .1994

जन्म तिथि :

Sex/लिंग: MALE

Blood Group: B+

रक्त समूह :

Nationality/राष्ट्रियता: Indian

Religion/धर्म: ISLAM



Social Category/वर्ग: General

Kashmiri Migrant?: NO

Are you from Jammu and Kashmir?: NO

N.C.C. Cadets: NO

N.S.S. Volunteers: NO

Address For Correspondence पत्राचार का पता

Name: HASSAN SAEED

आपका नाम

Address (पता) : A17/3 Thokar No 6, Lane No 2, Shaheen Bagh,

Okhla New Delhi

District (ज़िला): New Delhi

State (राज्य): Delhi

Pin (पिन) : 110025

Ph. No. with STD Code +91 8802697359

Mobile No. (मोबाइल नंबर) (+91) 8802697359

Email

Permanent Address स्थायी पता

Guardian's Name (If
Applicable)

Address (पता) : A17/3 Thokar No 6, Lane No 2, Shaheen Bagh,

Okhla New Delhi

District (ज़िला): New Delhi

State (राज्य): Delhi

Pin (पिन) : 110025

Ph. No. with STD Code +91 8802697359

Fax No.

Mobile No. (मोबाइल नंबर) (+91) 8802697359

ACADEMIC RECORD

Name of the Examination	Board / University	Year of Passing / Appearing	Subjects (list of subjects)	Marks Obt.	Max Marks	Marks %	CGPA
12th / Intermediate / Equivalent	Central Board of Secondary Education, Delhi	2015	ENGLISH, ACCOUNTS, ECONOMICS, BUSINESS STUDIES, INFOMATICS PRACTICES, PHYSICAL EDUCATION,	263	900	52.6	5.3
Graduation (Bachelor Degree)	Jamia hamed university	2018	BBS	00	000	NwN	00

Reservation Category: PWD - Blindness/low vision

Exempted Category

Do you Need Scribe

NO

Test Center Preference परीक्षा केन्द्र वरिचयता

Preference - 01

DELHI

Allied Discipline Preference

1st Preference

0

3rd Preference

0

2nd Preference

0

4th Preference

0

Signature Uploaded by

the candidate

अभ्यर्थी द्वारा अपलोड

हस्ताक्षर

It is hereby confirmed that I have carefully read the concerned Information Bulletin available on the JMI's Entrance Test Portal (www.jmionline.in) before filling up the Application Form. I hereby solemnly affirm that the information furnished in this Online Application Form is true and correct to the best of my knowledge and belief and no material information has been concealed or suppressed. If any information is found to be false, incorrect or misleading, the Jamia Millia Islamia shall have the authority to cancel my candidature / admission without any further enquiry or notice.

I undertake that, if admitted, I shall abide by the UGC Regulations on Curbing the Menace of Ragging, 2009, Ordinances governing the discipline of students of Jamia Millia Islamia and such other Rules, Ordinances and Regulations that may be framed by the Jamia Millia Islamia/ UGC from time to time.

I further undertake that the preference for the Test center, Courses, Domicile and the categories to which I belong as indicated by me in the online application form shall be irrevocable.

I CONFIRM THE ABOVE



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029
DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

Io.PMR (DC) / 5664

Dated: 30-Jul-18

CERTIFICATE FOR THE PHYSICALLY HANDICAPPED PERSON
TO WHOM IT MAY CONCERN

This is to certify that **Shri Hassan Saeed**.....
 son of **Shri Mohammad Saeed**.....
 23 Years old, Male PMR OPD No. 38463/2018.....
 is a case of **Facial Disfigurement with Right Optic Atrophy**.....
 He is physically handicapped and has **Forty Percent (40%)**.....
 permanent physical impairment is relation to his **Face and Right Eye**.....

- Note : 1. This condition is not likely to change . Reassessment not recommended
 2. The condition is likely to change. Reassessment recommended after 0 years

BM
Dr. Kanhu C. Mallik *Rangita*
Dr. A. Rangita Chanu *S*
Dr. Srikumar V.

Senior Resident
 DEPTT. OF PHYSICAL MEDICINE & REHABILITATION
 अ. मा. आ. सं. नई दिल्ली-110029
 A.I.I.M.S., NEW DELHI-110029

Consultant
 DEPTT. OF PHYSICAL MEDICINE & REHABILITATION
 अ. मा. आ. सं. नई दिल्ली-110029
 A.I.I.M.S., NEW DELHI-110029

Consultant
 DEPTT. OF PHYSICAL MEDICINE & REHABILITATION
 अ. मा. आ. सं. नई दिल्ली-110029
 A.I.I.M.S., NEW DELHI-110029

Hassan Saeed
 Signature / Thumb impression of the patient



MS
 Countersigned by the Medical Superintendent, AIIMS

Medical Superintendent
 A.I.I.M.S. Hospital
 New Delhi-110029

BM
 DEPTT. OF PHYSICAL MEDICINE & REHABILITATION
 अ. मा. आ. सं. नई दिल्ली-110029
 A.I.I.M.S., NEW DELHI-110029



Application for Masters

REGISTRATION NO: JMI00177008M13

PAYMENT ID: JMIM177008090v8

PHD in Department:

Candidate Name: ABDUL QUADIR

अपेक्षक का नाम :

Father's Name: ABID HUSSAIN

पिता का नाम :

Mother's Name: FIROZA KHATOON

माता का नाम :

Father's / Mother's / Spouse (if married) Mobile Number: 7840809062

पिता / माता का मोबाइल नंबर :

Date of Birth: 15. October .1997

जन्म तिथि :

Sex/लिंग: MALE

Blood Group: A+

खून का समूह :

Nationality/राष्ट्रियता: Indian

Religion/धर्म: ISLAM



Social Category/वर्ग: General

Kashmir Migrant?: NO

Are you from Jammu and Kashmir?: NO

N.C.C. Cadets: NO

N.S.S. Volunteers: NO

Address For Correspondence पत्राचार का पता

Name: ABDUL QUADIR

अपेक्षक का नाम

Address (पता) : a14, manganam park budhigar.

District (ज़िला): rohni

State (राज्य): Delhi

Pin (पिन) : 110088

Ph. No. with STD Code

Mobile No. (मोबाइल नंबर) (+91) 7840809062

Email

Permanent Address स्थायी पता

Guardian's Name (if Applicable) MD DILSHAD

Address (पता) :

210, village deudpur post bajpeti

police station bajpeti

District (ज़िला): sitamarhi

State (राज्य): Bihar

Pin (पिन) : 843314

Ph. No. with STD Code +91 7840809062

Fax No.

Mobile No. (मोबाइल नंबर) (+91) 7840809062

ACADEMIC RECORD

Name of the Examination	Board / University	Year of Passing / Appearing	Subjects (list of subjects)	Marks Obtd.	Max Marks	Marks %	CGPA
12th / Intermediate / Equivalent	BSEB, PATNA	2014	account, english, business studies, entrepreneurship,	254	500	50.8	
Graduation (Bachelor Degree)	JAMIA MILLIA ISLAMIA, NEW DELHI	2018	history (hons) auxiliary political science	0	0	NaN	

Reservation Category: PWD - Locomotor disability

Exempted Category

Do you Need Scribe: NO

Test Center Preference परीक्षा केन्द्र वरियता

Preference - 01: DELHI

Allied Discipline Preference

1st Preference: ()
2nd Preference: (7051)
3rd Preference: (7052)
4th Preference: (7054)

Signature Uploaded by the candidate
अभ्यर्थी द्वारा अपलोडेड
हस्ताक्षर

Abdul Quadir

It is hereby confirmed that I have carefully read the concerned Information Bulletin available on the JMI's Entrance Test Portal (www.jmionline.in) before filling up the Application Form. I hereby solemnly affirm that the information furnished in this Online Application Form is true and correct to the best of my knowledge and belief and no material information has been concealed or suppressed. If any information is found to be false, incorrect or misleading, the Jamia Millia Islamia shall have the authority to cancel my candidature / admission without any further enquiry or notice.

I undertake that, if admitted, I shall abide by the UGC Regulations on Curbing the Menace of Ragging, 2009, Ordinances governing the discipline of students of Jamia Millia Islamia and such other Rules, Ordinances and Regulations that may be framed by the Jamia Millia Islamia/ UGC from time to time.

I further undertake that the preference for the Test center, Courses, Domicile and the categories to which I belong as indicated by me in the online application form shall be irrevocable.

I CONFIRM THE ABOVE

PLEASE REVIEW THE ABOVE DETAILS CAREFULLY FOR ANY ERRORS BEFORE CONFIRMING SUBMISSION.

YOU WILL NOT BE ABLE TO MAKE ANY CHANGE AFTER CONFIRMATION OF SUBMISSION
THE FORM WOULD BE CONSIDERED SUCCESSFULLY SUBMITTED ONLY AFTER PAYMENT OF APPLICATION PROCESSING / ENTRANCE TEST FEE

ADDRESS OF THE INSTITUTE/HOSPITAL ISSUING THE CERTIFICATE




Certificate No. 105 Date 27.07.12

CERTIFICATE FOR THE PERSON WITH DISABILITIES


This is certify that Shri/Smt./Kum. AbdulQuadir Son/Wife/
Daughter of Shri. Md. Akid Age 16 Vill. Daudpur
Post. Balpathi P.S. Balpathi Dist. Sihmahi
Old male/Female Registration No. 140/27.07.12 is a case of Para P1
He/She Physically disabled/Visual disabled/Speech & Visual disable/Speech & Hearing disable and
has 10 % (Para percent permanent Physical impairment/
Visual impairment/Speech & Haring impairment) in relation to his/her

Note :-

- 1. This condition is progressive/Non progressive Likely to improve/No likely to improve.
- 2. Re-assessment is not recommended/Is recommended after a period of.....Month/Years
Strike out which is not applicable.

		
Doctor	Doctor	Doctor
Seal	Seal	Seal

Signature/Thumb impression
of the Candidate



Identification Mark



Photograph
Sowing the disabilities affixed here

Countersigned by the
Medical suprintendent / C.M.O. Head of
Hospital (With seal)

S.No - 5049/19

12/11/19

मेडिनस्ट

GRAM - " MEDINST"



डा० राजेन्द्र प्रसाद नेत्रविज्ञान केन्द्र
अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर, नई दिल्ली-११००२६, (भारत)

Dr. Rajendra Prasad Centre for Ophthalmic Sciences

All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029 (India)

Tel. : 6864851-65, 6561123

Fax : 91-011-6852919, 91-011-6862663



ZAINAB FATIMA

Attested
Dr. Prasad
-10-12

Dated : 10/11/19

TO WHOMSOEVER IT MAY CONCERN

This is to certify that ZAINAB FATIMA age 16 years male/female,
S/W/D of SMT. AYESHA BANO was examined in the RPC
OPD (No 102840/19). He/She was diagnosed to have Op. Optd. Cong. Cataract i. Pseudo
Amblyopia i. Myopia
His/Her best corrected visual acuity in R/E FC 1/2 mt. and
L/E FC 1/2 mt.
Therefore, he/she is visually handicapped by 75% (Seventy five Percent).

Zainab

Signature of the Patient
8-10-12

(Blaunder)
चिकित्सक के हस्ताक्षर, यूनिट
Signature of the Doctor, Unit
Dr. Anuraag

प्रतिहस्ताक्षरित
COUNTERSIGNED

Blaunder

Received original
Zainab



कार्यालय असेनिक शल्य चिकित्सक-सह मुख्य चिकित्सा पदाधिकारी

बिहार शरीर (नालन्दा)

विकलांगता प्रमाण - पत्र



नं० 118

दिनांक 30.1.12

प्रमाणित किया जाता है कि चिकित्सा पर्षद द्वारा प्रत्याशी को जाँच की गई जिसका विवरण निम्न रूप में है :-

नाम Aditi Jain

पिता/पति का नाम श्री. राजेश कुमार

पता :- ग्राम/पो. बिहार शरीर पो. बिहार शरीर थाना नदी

जिला:-नालन्दा

पहचान चिन्ह A cut of marks on fore head

उम्र 12 वर्ष 02-1991

लिंग 2-तीन

विकलांगता का प्रकार एवं प्रभावित अंग PPRP of left lower limb with mild to moderate wasting of thigh & leg muscle

विकलांगता की प्रतिशत 45% (post-hiv). विकलांग वर्ग में आते हैं/नहीं आते हैं-

प्रत्याशी का हस्ताक्षर Aditi Jain

सदस्य

सदस्य

सदस्य

अध्यक्ष सिविल सर्जन, नालन्दा

Self Attested Aditi Jain

Government of Jammu and Kashmir
Ladakh Autonomous Hill Development Council
OFFICE OF THE MEDICAL SUPERINTENDENT DISTRICT HOSPITAL
KARGIL

TO WHOM IT MAY CONCERN

Certified that the Board has examined the case of Ali Akbar S/O Mohd Hussain R/O Pashkum aged 20 years, S.No 868 of the record register dated 17/07/2010

He is suffering from ® Optic atrophy and (L) blind phthisical eye. His visual disability amounts to 100%. His thumb impression is attested at (A)

(A)



11
[Signature]
Chairman
District Medical Board
Medical Superintendent
District Hospital Kargil



DISABILITY CERTIFICATE

of amputation or complete permanent paralysis of limbs and in cases of blindness)
 (See Rule 4)

Certificate No. 503

Date 09-11-2013



This is to certify that I have carefully examined Shri/Smt./Km. ARSHAD NASIR Son/Wife/Daughter
 of Shri Mohd. Nasir Date of Birth 02/08/1996 Age 16 years
 Male/Female Male Registration No. 301269 permanent resident of House No. F/11/12-A
 Ward/Village/Street Shahen Bagh Post Office CKL/6
 District _____ State Delhi whose photograph is affixed above, and am satisfied that:

- (A) he/she is case of:
- locomotor disability
 - blindness
- (Please tick as applicable)
- (B) the diagnosis in his/her case is Completed paraplegia (R)
- (C) He/She has 45 % (in figure) Forty five percent (in words) permanent physical impairment/blindness in relation to his/her (R) Upper limb (part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence :-

Nature of Documents	Date of Issue	Details of authority issuing certificate
Copy of Aadhar Card of Arshad No. 385346608460		Unique Identification Authority of India, GOI
Copy of School I. Card of Arshad No. 20045465	10-07-2013	Chief Proctor, Protocol Deptt. Jamia Millia Islamia

Arshad
 Signature/Thumb impression of the person in whose favour disability certificate is issued

Dr. Ashish Goyal
 Name and seal of Member
 Dr. ASHISH GOYAL
 M.S. (Ortho), DMCT
 Orthopaedic Surgeon
 BHAGWAN MAHAVIR HOSPITAL
 (Govt. of NCT of Delhi)
 Pitampura, Delhi-110034

Chairperson
 Name and seal of the Chairperson
 Chairperson Disability Board
 Bhagwan Mahavir Hospital
 H-4/5, Pitampura, Delhi-110034

G. I. Kumar
 Countersigned by
 Medical Superintendent / Dy. Medical Superintendent

Arshad Nasir
 Self Attested

Office of the Chief Medical Officer, BAGHPAT

CERTIFICATE OF PHYSICALLY HANDICAPPED

No. M-7/CMO - 1857

DATED 20/7/2003

Certified that Shri/Km/Smt. डोली

Aged 11 वर्ष

S/o D/o W/o

कुहलपाल

R/o लोहर

P.S.

बागपत

_____ was examined today at the office of the Chief

Medical Officer Baghat at his / her own request.

On examination it was found that he / she is a case of PPRP Lt

lower limb Equinus deformity

and he / she comes in the category of Physically Handicapped.

He / She has got 45 % (Partly) Percent

disability _____

मैंने इससे पूर्व कहीं से भी विकलांगता का कोई प्रमाण पत्र नहीं बनवाया है।

डोली

यह विकलांग प्रमाण पत्र क्षतिपूर्ति/क्लेम केस के लिये मान्य नहीं है।

JMa
Senior /
Orthopaedic Surgeon
Baghat.
Member

Signature L.P.I./R.T.I. of Doly Dhanraj



Balpai
मुख्य चिकित्सा अधिकारी
बागपत

Prudai
E.N.T. Surgeon/Eye Surgeon/Physician
Baghat.
Member

B.K. Balpai
20.10.03

Chief Medical Officer
Baghat.
Chairman
मुख्य चिकित्सा अधिकारी
बागपत

Devi Panwar



सत्यमेव जयते

Tel. : 23365525

Fax. : 23361758



डॉ. रा.म.लो.अ.-27 (अ)
Dr. R.M.L.H. 27 (A)

GOVERNMENT OF INDIA/भारत सरकार

डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

सं/No. 13-9/2010-RMLH(M-II)/ 750

नई दिल्ली /New Delhi,
the... 14-06-2010

CERTIFICATE FOR THE PERSONS WITH DISABILITIES


This is to certify that **Ms. Fauzia Iram, Age 15/Female D/o Abid Hasan R/o H.No.24/7/1995, J42/A, Abil Fazal Enclave-I, Jamia Nagar, Okhla, NEW DELHI, Registration No.O/199188/10 dated 10.5.10** is a case of PPRP RIGHT LOWER LIMB WITH ONE INCH SHORTENING. Her disability is 42%(FORTY TWO PERCENT) Permanent physical impairment in relation to her RIGHT LOWER LIMB.

Note:-

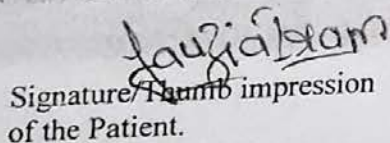
1. This condition is ~~progressive~~/non-progressive/~~likely to improve~~/not likely to improve.
2. Re-assessment is not recommended/~~is recommended~~ after a period of ___ months/years.

* Strike out which is not applicable.


(MEMBER)


(MEMBER)


(CHAIRMAN)
Chairman Medical Board


Signature/Thumb impression
of the Patient.



Contersign by the
Medical Superintendent/CMO/
Head of Hospital(with seal)

7/6/10

STANDARD FORMAT OF THE CERTIFICATE

OFFICE OF THE CIVIL SURGEON CUM C.M.O. WEST CHAMPARAN, BETTIAH, BIHAR

Certificate No. 35498

Date 23/02/17

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that shri/Smt./Kum.

wife/daughter of Shri

फिरोज कालम पिता अलकुरु समी
साठ+पोठ तेलपुर चाना लौरिया जिला पंचायत

Age 27 ^{7/3} old male/female, Registration No. 57

is a case of

Bilateral Hearing Impairment

HEARD IS

physically disabled/visual disabled/speech & hearing disabled and has 55 % fifty five percent) permanent (physical impairment/visual impairment / speech & hearing impairment) in relation to 55 % fifty five percent

Note :-

1. This condition is progressive/non-progressive/likely to improve/not likely to improve *.
2. Re-assessment is not recommended/is recommended after a period of _____ months/year *

Strike out which is not applicable.

23/2/17

Sd/- [Signature]
 (DOCTOR)
 चिकित्सा पदाधिकारी
 दिव्यांग शाखा
 बेतिया (पंचायत) 845438

चिकित्सा पदाधिकारी
 (DOCTOR)
 दिव्यांग शाखा
 बेतिया (पंचायत) 845438

23/2/17
 चिकित्सा पदाधिकारी
 (DOCTOR)
 दिव्यांग शाखा
 बेतिया (पंचायत) 845438

Signature/Thumb impression
Of the patient.

[Signature]

[Signature]
Countersigned by the



चिकित्सा पदाधिकारी
 दिव्यांग शाखा
 बेतिया (पंचायत) 845438

C.M.O.
 West Champaran District



Office of the Chief Medical Officer
ALIGARH

Handicapped Certificate

Blind

Date 18-2-98

No. E. 497-98

Certified that Sri/Smt/Km Malka Tarannum
S/o, W/o, D/o Asmat ulgh R/o, Mohl, Vill & P. O.
Shamsad Market Agha

appeared before me today for his/her medical examination. I examined him/her

found that R/L Pharynx tube well the
R/L test Stuporosa with abnormal
depression in the

Both eye blind Handicapped
(Disability 100%)

CHIEF MEDICAL OFFICER
ALIGARH

Dr. [Signature]
Orth. Surgeon
M. S. Hospital. Aligarh.

Dr. [Signature]
E. N. T. Surgeon
M. S. Hospital, Aligarh.

Dr. [Signature]
Eye Surgeon
M. S. Hospital, Aligarh.

Sig. L. T. I. & R. T. I.
attested

CHIEF MEDICAL OFFICER
ALIGARH



Malka Tarannum

72

1. Name : मो० अरुण
 नाम
 2. Father's/Husband's Name : मो० एबी अरुण
 पिता/पति का नाम
 3. Date of Birth : 26/5/1993
 जन्म तिथि
 4. Sex (Male/Female) : M
 लिंग (पुरुष/स्त्री)
 5. Present Address : गुरुद्वारा, मोरणा, बेगूसराय
 वर्तमान पता



Signature/Thumb Impression of Person with Disability
 विकलांग व्यक्ति का हस्ताक्षर/अंगूठा का निशान :

District Welfare Officer, Begusarai
 जिला कल्याण प्रदाधिकारी, बेगूसराय
 (Signature with Seal / हस्ताक्षर एवं मुहर)

Civil Surgeon, Begusarai
 अतिरिक्त राज्य चिकित्सक एवं
 मुख्य चिकित्सा प्रदाधिकारी, बेगूसराय
 (Signature with Seal / हस्ताक्षर एवं मुहर)

DETAILS OF CONCESSIONS PROVIDED
 प्रदान की गई सुविधाओं का विवरण

Sl. No. क्रमांक	Date तिथि	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with Seal प्रदाधिकारी का हस्ताक्षर एवं मुहर

DISABILITY CERTIFICATE
 विकलांगता प्रमाण-पत्र

1. Name : Mr. Arun
 नाम
 2. Nature of Disability :
 विकलांगता का प्रकार
 3. Disability Code : 20
 विकलांगता कोड
 4. Percentage of Disability : 70%
 विकलांगता का प्रतिशत
 5. Identification Marks :
 पहचान चिन्ह

Signature of the Medical Officer with Seal
 चिकित्सकी का हस्ताक्षर एवं मुहर

GOVERNMENT OF NCT OF DELHI
OFFICE OF MEDICAL SUPERINTENDENT
ARUNA ASAF ALL GOVERNMENT HOSPITAL
5, RAJPUJ ROAD, DELHI-110054

Dated:- 27/6/14

No. 1395

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Sh. ~~Son~~ Md Dulare

~~Son/Wife/Daughter~~ of Sh. Md Ubaid

Age 20 years old male/female, registration No. 95196 is a case of

and has PPRP both LIL He/She is physically disabled/~~visual disabled/speech & hearing disabled~~
54% Fiftyfour percent) permanent (Physical impairment/~~visual impairment/speech &~~
~~hearing impairment~~) in relation to his/her Both Lower Limbs

Note

1. This condition is ~~progressive~~/non-progressive likely to improve/not likely to improve
2. Re-assessment is not recommended/~~is recommended~~ after a period of _____ Months/years
(Strike out which is not applicable)



DR. B. K. ANHAR
MS (Ortho)
& HOD (Ortho)
Ortho Specialist
MC 361-DMC
Hospital
Aruna Asaf All Govt. Hospital
5, Rajpur Road, Delhi-110054

[Signature]
Specialist

[Signature]
Specialist

DR. B. K. ANHAR
MS (Ortho)
& HOD (Ortho)
MC 361-DMC
Hospital
Aruna Asaf All Govt. Hospital
5, Rajpur Road, Delhi-110054

DR. RAJINDER SINGH
MS-Surg. (MAMC), FMAS, FIAGES
Specialist Gd-II & HOD, Deptt of Surgery
Aruna Asaf All Govt. Hospital (GNCTD)
5, Raj Pur Road, Delhi-110054

[Signature]
Specialist

DR. V.S. RAWAT
Specialist, Medicine
DMC Reg. No. 2653
Member, Medical Council
Govt. Hospital
Aruna Asaf All Govt. Hospital
5, Raj Pur Road, New Delhi

Dulare
Signature/thumb impression of the Patient

Dulare

निःशक्तता प्रमाण पत्र

(अंगोच्छेदन या अंगों की पूर्ण स्थायी अंगभंग और अंगों का अंगभंग)
(निर्दिष्ट अंगों पर)

(प्रमाण पत्र जारी करने संबंधी अधिकार प्राधिकारों का)



प्रमाण पत्र संख्या: 232
15-6-15

यह प्रमाणित किया जाता है कि मैंने श्री श्रीमती के साथ श्री मोठ नूकल्लाह नू नूकल्लाह
श्री मोठ नूकल्लाह जन्म तिथि 20 वर्ष पुरुष/महिला पुरुष
राजस्थान सं. ... अंकन नं. ... बड़े/गांव नती मुझापाकर (कुरुवा)
डाकघर रूपोलीपुत्रुवा जिला समस्तीपुर राज्य बिहार का स्थान
निधारी जिनकी पंजाब उपा नती ... का ली है और मैं संतुष्ट हूँ कि

- (क) यह मामला चलन संबंधी निःशक्तता नेत्रहीनता का है

- (ख) कृपया जो लागू हो, उस पर टिक का निशान लगाए
- (घ) इनके मामले में निदान संभव नहीं है है।
- (ग) उन्हें भागादेशिक सिद्धांतों (निर्दिष्ट किया जाता है) के अनुसार उनके (शरीर के अंग) के संघर्ष से 48% प्रतिशत (अंक में) अक्षतासीध प्रतिशत (शब्दों में) स्थाई शारीरिक क्षति/नेत्रहीनता है। बायीं पैर से स्थानीय कंगो है।

आयेंदक के निधाय के सवृत के रूप में निम्नलिखित दस्तावेज प्रस्तुत किए हैं :

दस्तावेज की प्रकृति	जारी होने की तिथि	प्रमाण पत्र जारी करने वाले प्राधिकारों का स्थान
<u>आयेंदक का डी</u> <u>862292243199</u>	<u>NA</u>	<u>आयेंदक विशेष पहचान प्राधिकरण</u>

Naullah



Naullah

विकलांगता प्रमाण-पत्र

राष्ट्रीय सेवाओं के लिए केवल मुख्य अधिकारियों द्वारा निर्गत प्रमाण पत्र ही मान्य होगा।
संनदेश संख्या 125/6.7.2004/चिकित्सा अनुभाग-7 दिनांक जनवरी, 2004 के अनुसार)

प्रमाण पत्र संख्या 37

जारी करने की तिथि :
07/05/2013



प्रमाणित किया जाता है कि कु0/श्रीमती/श्री मु. ए. म. आ. प. ल.
पुत्र/पुत्री/पत्नी श्री अ. ल. क. र. ए. म. न. इ. स. व. र. ड. निवासी (पूर्ण आवसीय पता) सर. र. व. ल.
पते संख्या ... जनपद ... आज मेरे सम्मुख

अपनी शारीरिक जांच हेतु उपस्थित हुए। सम्यक शारीरिक जाँच के उपरान्त इनकी शरीर में निम्नलिखित विकलांगता पाई गई, स्थाई प्रकार की है :-

Amputation of Right Leg

75/
Senior
है इनके

उपरोक्त विकलांगता के आधार पर इनका विकलांगता प्रतिष्ठत लगभग 75% है।

इनका पहचान चिन्ह ... (बायें/दायें) अंगूठे का निशान निम्नवत् है।

...
अंगूठे का निशान

डा० बी० राम, नव सखंद

उम्मीदवार के हस्ताक्षर/चिकित्सक अथवा चिकित्सक/ राजकीय चिकित्सक

के हस्ताक्षर
व मुहर

विकलांगता विशेषज्ञ चिकित्सक
डा० प्रदीप कुमार, इंडी रोड
के हस्ताक्षर एवं तिथि :

AKC
Medical Officer
Add. P.H.C. Kharwan
Saralimoor, Amritsar

विशेषज्ञता का प्रकार :

नाम एवं मुहर

...
मुख्य चिकित्सक/अधिकारी
अध्यक्ष
विकलांग बोर्ड
आजमगढ़



उत्तर प्रदेश शासन

OFFICE OF THE CHIEF MEDICAL OFFICER

HANDICAP CERTIFICATE IN ACCORDANCE WITH G.O.NO.7142071 KARMIK-2 DATED MAY 20-1978

Certificate ID: 252166000009
Application No:16250040000141

Date:24/10/2016

Name : श्री मो. असलम
 Age : 24
 Father Name : श्री मुन्ने
 Mother's Name : श्रीमती अमीना बेगम
 Address : गा० आबिद नगर पोस्ट पली
 Village : पाली देहात पनसाला
 District : हरदोई



Whose signature/LTI/RTI is given below.

Certify that He/She is a case of P.P.R.P. BOTH LOWER LIMB

The Percentage of disability is about 85 %

We certified that He/She is Permanent physically handicapped person

ORTH.SURGEON

PHYSICIAN

EYE SURGEON

E.N.T SURGEON

g/LTI/RTI of the candidate

CHIEF MEDICAL OFFICER



डॉ. अमित कुमार शिवेदी, सीएमएस जन सेवा केंद्र
 अमित कुमार शिवेदी, केन्द्र प्रभारी
 कारावा, शाहबाद, टोडरपुर, हरदोई

AMBUJ SINGH
 Digitally Signed by
 AMBUJ SINGH O=UP
 GOVERNMENT,
 OU=UP
 GOVERNMENT,
 C=IN, CN=AMBUJ
 SINGH, S=Uttar
 Pradesh

Digitally Signed
 ए० के० श्रीवास्तव
 C.M.O. HARDOI

Seh Jattar Singh
Mohd. Gha



26/10/2016

हस्ताक्षर एवं मुद्रा

हरदोई

दिनांक: 24/10/2016

Blind

(6/2)

Office of the Chief Medical Officer.

ALIGARH

HANDICAPPED CERTIFICATE

eye

No. E. 4/ 2006 - 2009

Date..... 4/2/2010

NOT VALID FOR MEDICOLEGAL PURPOSE

Certified that Shri/Sm/Km..... Mohd Yunus.....
 S/o, W/o, D/o..... Mohd Yusuf..... R/o, Mchll, Vill & P.O.
 A.H. Aligarh.....
 appeared before me today for his/her/medical examination. I examined him/
 her found that..... Both eyes N.S. Egms, one hundred
per cent visually handicapped.

Dr.....
 Orth Surgeon
 M.S. Hospital Aligarh

CHIEF MEDICAL OFFICER
 ALIGARH

पुष्टि निमित्त अधिकारी

Dr.....
 E.N.T. Surgeon
 M.S. Hospital Aligarh

जिला विकलांग कल्याण अधिकारी, अलीगढ़ के कार्यालय पत्र सं० 7428 दिनांक 21/9/11 के द्वारा उ० प्र० राज. उच्च परिवहन निगम की बसों में विकलांग व्यक्ति एवं एक सहवर्ती को मुक्त यात्रा करने की अनुमति प्रदान की जाती है।

Dr.....
 Eye Surgeon
 M.S. Hospital Aligarh

Sig. L.T.I. & R.T.I.
 attested

CHIEF MEDICAL OFFICER
 ALIGARH



 L.T.I. Mohd Yunus

OFFICE OF THE MEDICAL SUPERINTENDENT
 GURU TEG BAHADUR HOSPITAL: SHAHDARA
 GOVT. OF N.C.T. OF DELHI: DELHI-110095

PERMANENT DISABILITY CERTIFICATE

Certificate No. : 140/06/8/04
 Date : 7-7-04



Naeem Ahmed

Sign. / ~~Text~~ of the Candidate

610 वनय प्रकारा परवा
 स्टाफ फिजिशियन

This is to certify that Mr./~~Ms.~~ Naeem Ahmed
 S.o. ~~XXXXX~~, Sh. Mukhtyar Ahmed Aged 12 years old Male/~~Female~~.
 Registration No. 52/24/5/04 is a case of locomotor disabled ~~XXXXX~~
~~disabled speech & hearing disabled~~ and has (90% (Ninety))
 permanent locomotor impairment ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ in
 relation to his ~~body~~ both lower limbs

गुरु तेग बहादुर अस्पताल
 दिल्ली सरकार, दिल्ली-95

Note:-

1. This condition is progressive/ non-progressive likely to improve / ~~likely to improve~~ / not likely to improve. *
2. Re-assessment is not recommended is recommended / ~~is recommended~~ after a period of _____ months/ years. *

* Strike out which is not applicable.

Ishkumar
 DR. ISH KUMAR DHANMI
 Sd.(DOCTOR)
 ORTHO SURGEON
 SPECIALIST GD-II
 GTB HOSPITAL DELHI-95
 Reg. No. 10949

[Signature]
 Sd.(DOCTOR)
 Seal (Dr Jagjit Singh)
 Senior Resident
 Dept. of Orthopedics
 GMC S. GTB
 DELHI

[Signature]
 Sd.(DOCTOR)
 Seal (Dr Jahnvi Bhatnagar)

Counter signed

[Signature]
 16/7/04

MEDICAL SUPERINTENDENT
 ADDL. MEDICAL SUPERINTENDENT

Additional Medical Superintendent
 Guru Teg Bahadur Hospital
 Shahdara, Delhi-110095

GOVERNMENT OF NCT OF DELHI
OFFICE OF MEDICAL SUPERINTENDENT
ARUNA ASAF ALI GOVERNMENT HOSPITAL
5, RAJPUR ROAD, DELHI-54.

No. 1192

Dated:- 17. 06. 2015

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Sh./Smt./Km./ Rabiya
Son/wife/Daughter of Sh. Mohd. Shoab
Age 19 years old male/female, registration No. 8672 is a case of
Right Hemiparesis He/She is physically disabled/~~visual~~
~~disabled/speech-& hearing disabled~~ and has 50 % (fifty percent)
permanent (Physical impairment/~~visual impairment/speech & hearing impairment~~) in
relation to his/her Right Upper limb & Right lower limb

Note:

1. This condition is progressive/non-progressive/~~likely to improve~~/not likely to improve.
2. Re-assessment is not recommended/~~is recommended~~ after a period of _____ Months/years.
(Strike out which is not applicable.)



DR. B. KANHAR
M.S. (Ortho)
Ortho Specialist & HOD (Ortho)
Reg. No. 10361-DMC
Aruna Asaf Ali Govt. Hospital
5, Rajpur Road, Delhi-110054

Rabiya

Signature/thumb impression of the Patient

B. Kanhar
Specialist
DR. B. KANHAR
M.S. (Ortho)
Sr. Ortho Specialist & HOD (Ortho)
Reg. No. 10361-DMC
Aruna Asaf Ali Govt. Hospital
5, Rajpur Road, Delhi-110054

[Signature]
Specialist
DR. V. S. KHANNA
M.S. (Ortho)
Sr. Ortho Specialist & HOD
DEPT. OF SURGERY
ARUNA ASAF ALI GOVT. HOSPITAL
5, RAJPUR ROAD, DELHI-110054

[Signature]
Specialist
Dr. V. S. KHANNA
Specialist Medicine
DMC Regn. No. 265
Member Disability Bc

Rabiya

कार्यालय असेनिक शल्य चिकित्सक संघ मुख्य
चिकित्सा पदाधिकारी, मुंगेर।

क्रम सं०- 163/08 / विकलांग दिनांक- 10/01/2008



बिकलांग प्रमाण-पत्र

नाम रफात हुसैन पिता/पति मो. जाकिर हुसैन

..... मुहल्ला/ग्राम आजाद कजौनी कमेला रोड पूरबसतम
पो० मुंगेर थाना कोतवाली प्रखण्ड मुंगेर

जिला- मुंगेर (बिहार) का विकलांगता का जाँच विकलांग मेडिकल बोर्ड के द्वारा दिनांक-
10/01/2008 को अधोहस्ताक्षरी की अध्यक्षता में चिकित्सकों के द्वारा की गई
एवं जाँच के क्रम में विकलांगता का कारण जन्म से बहरापन

..... वाया गया।
पहचान चिन्ह- ललाट पर कटे का निशान

बिकलांगता का प्रतिशत- 51% (एकमात्र प्राप्ति)

(स्थायी / अस्थायी)

Raufat Hussain

आवेदक का हस्ताक्षर
(अंगूठे का निशान)

[Signature]
मुख्य चिकित्सा पदाधिकारी, मुंगेर

[Signature]
असेनिक शल्य चिकित्सक संघ
मुख्य चिकित्सा पदाधिकारी, मुंगेर
असेनिक शल्य चिकित्सक संघ
चिकित्सा पदाधिकारी, मुंगेर

20/10/2010

1. Name : Rizwana Parveen
 नाम :

2. Father's/Husband's Name : Chulam Javidan
 पिता/पति का नाम :

3. Date of Birth :
 जन्म तिथि :

4. Sex (Male/Female) : female
 लिंग (पुरुष/स्त्री) :

5. Present Address : Jalpur
 वर्तमान पता :

6. Educational Qualification :
 शैक्षणिक योग्यता :

7. Monthly Family Income :
 मासिक पारिवारिक आय :

8. Caste : SC/ST/BC/OBC/GEN/OTHERS
 जाति : अनु जाति/अनु जन जाति/पिछड़ा वर्ग
 अन्य पिछड़ा वर्ग/सामान्य/अन्य

9. Occupation :
 पेशा :



Signature/Thumb Impression of
 Person with Disability
 विकलांग व्यक्ति का हस्ताक्षर/अंगूठा चूना :

Countersigned (Seal)
 प्रविष्ट/प्रमाणित (मुहर)

Sign. of District Welfare Officer with
 जिला कल्याण पदांग का हस्ताक्षर एवं

DETAILS OF CONCESSIONS PROVIDED
 प्रदान की गई सुविधाओं का विवरण

S.I. No. क्रमिक	Date तिथि	Detail of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with Seal पदाधिकारी का हस्ताक्षर एवं मुहर

DISABILITY CERTIFICATE
 विकलांगता प्रमाण पत्र

1. Name : Rizwana Parveen
 नाम :

2. Nature of Disability : PPRP
 विकलांगता का प्रकार :

3. Disability Code : LD
 विकलांगता कोड :

4. Percentage of Disability : 40% (Causality)
 विकलांगता का प्रतिशत :

5. Identification Marks : 1.
 पहचान चिह्न : 2.

Sign. of the Medical Officer with seal :
 चिकित्सा पदाधिकारी का हस्ताक्षर एवं मुहर

20/10/2010
 (संलग्नक)

Rizwana Parveen

जिला मुख्यालय मुख्य चिकित्सा अधिकारी, मुरादाबाद विकलांग प्रमाण पत्र

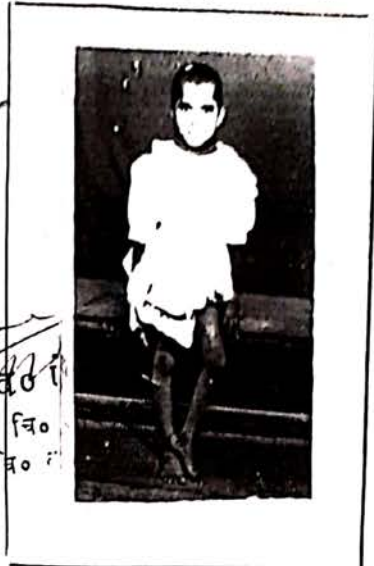
(कानूनादेश संख्या 4-7-1992/कर्मिक/2 दिनांक 20-5-78 के अनुसार)

प्रमाण पत्र संख्या 18

जारी करने की तिथि 10/7/02

प्रमाणित किया जाता है कि

कु./श्रीमती/श्री : सुकदेव
पुत्र/पुत्री/पत्नी/श्री : शैलजा अहिर
निवासी : तिमर रोड अशान्य
तहसील : शैलजा जनपद मुरादाबाद



आज जिला विकलांग चिकित्सा बोर्ड के सामने
प्रपने शारीरिक बांध हेतु उपस्थित हुए।
विकलांग बोर्ड द्वारा इन्हें पूर्णतया जांच
करने के पश्चात शरीर में निम्नलिखित
विकलांगता पाई :-

डा० एन० टी० सर्जन
जप मु० चिकित्सालय
मुरादाबाद

PARP - involving left lower
extremity with mild weakness
and weakness shows heavy
about 40% disability

पहचान चिह्न : Ankle mark on medial aspect of
left



नि० अ० प्रमाणित

Arav
10/7/02

आर्थोपेडिक सर्जन
जिला चिकित्सालय
मुरादाबाद

इ०एन०टी० सर्जन
जिला चिकित्सालय
मुरादाबाद

Arav
10/7/02

नेत्र रोग विशेषज्ञ
जिला चिकित्सालय
मुरादाबाद

डा० एन० टी० सर्जन
मुख्य चिकित्सा अधिकारी,
जप मु० मुरादाबाद

डा० एन० टी० सर्जन
मुख्य चिकित्सा अधिकारी,
जप मु० मुरादाबाद

Sumanjya



विवेक अनांद
 आमत कुमार शर्मा
 07-01-1994 (18) वर्ष
 (M)
 डॉ. अश्विनी शर्मा स्त्रीचिकित्सक
 सैताराम एवं परिवारिक
 चिकित्सक, गुरु, मदन-ना

2. Father's/Husband Name
 पिता / पति का नाम
 3. Date of Birth
 जन्म तिथि
 4. Sex (Male/Female)
 लिंग (पुरुष / स्त्री)
 5. Present Address
 वर्तमान पता
 6. Education of Qualification
 शैक्षणिक योग्यता
 7. Monthly Family Income
 मासिक परिवारिक आय
 8. Cast
 जाति
 9. Occupation
 पेशा

SC / ST / OBC / GEN / OTHERS
 अनुसूचित जाति/अनुसूचित जन जाति/विद्युत वर्ग/
 अन्य विद्युत वर्ग/साधारण/अन्य

DISABILITY CERTIFICATE

विकलांगता प्रमाण-पत्र

Name : Vivekanand
 Nature of Disability : Visual Impairment

V | I

Percentage of Disability : 45% (Forty Five) Percent.
 विकलांगता का प्रतिशत : 45% (Forty Five) Percent.
 विकलांगता का प्रतिशत : 45% (Forty Five) Percent.
 विकलांगता का प्रतिशत : 45% (Forty Five) Percent.

Signature of the Medical Officer with seal
 चिकित्सक पदाधिकारी का हस्ताक्षर एवं मुहर

To Go - 70314101383 1202 - 14-05-2014 80 603
 457 / 1400 2014
 Signature/Thumb impression of Person with Disability
 हस्ताक्षर/अंगुली छाप/छाप का प्रमाण

Vivekanand
 चिकित्सक पदाधिकारी का हस्ताक्षर एवं मुहर
 निदेशक
 डॉ. अश्विनी शर्मा
 चिकित्सक, गुरु, मदन-ना

DETAILS OF CONCESSIONS PROVIDED
 प्रदान की गई सुविधाओं का विवरण

Sl. No क्रमांक	Date तिथि	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with पदाधिकारी का हस्ताक्षर

the Chief Medical Officer

ALIGARH

Eye
78

HANDICAPPED CERTIFICATE

E. 4/ 2004 - 2005

Date 13-01-2005

NOT VALID FOR MEDICOLEGAL PURPOSE

Certified that Shri/Smt/Km. वसीम अहमद
S/o, W/o, D/o अली उदरुद्दमान R/o, Mohll, VIII & P.O.
इली बाउ-डी जमादपुर, अलीगढ़

appeared before me today for his/her/medical examination. I examined him/
her found that.....

Handicapped
Handicapped

Dr.....
Orth Surgeon
M.S. Hospital Aligarh

Koush
CHIEF MEDICAL OFFICER
ALIGARH

Dr.....
E.N.T. Surgeon
M.S. Hospital Aligarh

0214... 04/05/12
Handwritten notes in Hindi

Dr.....
Eye Surgeon
M.S. Hospital Aligarh

Sig. L.T.I. & R.T.I.
attested



CHIEF MEDICAL OFFICER
ALIGARH

Wasim Ahmad

OFFICE OF THE CHIEF MEDICAL OFFICER, LUCKNOW

Serial No. 1035/78

Date 13/7/78

(Handicapped Certificate in Accordance with the G.O. No. 7/4/1971 Karnik-2 Dated 20 May 1978

The persons with disabilities (Equal opportunities protection of rights & full participation) Act-1995

(नोट - प्रमाण पत्र में दिया गया नाम व पता सही है जो कि अभ्यर्थी द्वारा बताया गया है।)

We certify that Sri/Smt./Mm. Kabir Kabir
Sons/daughters/wife of Shri Abdullah aged about 21 years
address Madua Lalaya, Mahanagar, Post No-3, Adeganj, Lucknow
is a case of congenital deformed / short / B lower
limb & disability of more than
nigthy percent (80%)

M.I. Not traceable

He/She is permanently Physically / Visually / Deaf Mute / Mentally handicapped Person.

Handwritten signature

Specimen Signature / R.T.I. / L.T.I. of the Candidate



Specimen signature
Number
Serial Number

Signature
13/7/78
ORTHOPAEDIC SURGEON
(MEMBER)

238
7-2-78

Signature
EYE SURGEON
(MEMBER)

ये सत्यापन प्रमाणित करता है कि मैंने इसके पूर्व किसी भी राज्य विकलांग अधिकारी से विकलांगता प्रमाण पत्र नहीं प्राप्त किया है।

Khairul Karim

CHIEF MEDICAL OFFICER
LUCKNOW (PRESIDENT)

कार्यालय मुख्य चिकित्सा अधिकारी,

सन्त कबीर नगर

संख्या- विकलांग / 68

दिनांक: 17/02/2011

विकलांग प्रमाण-पत्र

प्रमाणित किया जाता है कि हम लोगों ने श्री/श्रीमती/कु० श्री. सु. ल. द. क.
पुत्र/पुत्री/पत्नी श्री अबुलक.....निवासी जात. डे. दु. बोलिया
पोस्ट दु. द. प......तहसील श. ल. ल. ब. ग. थाना दु. द. प.
जिला संत कबीर नगर जिनका हस्ताक्षर/नि०अ० नीचे प्रमाणित है, को जॉचोपरान्त पाया
कि PPR P (D) lower limb T AM dot
507.
यह विकलांग की श्रेणी में आते हैं।

पहचान चिन्ह Black Medal one Dorsal
As per of less jaw hair



3/16 dup 4
dup 4

सदस्यगण

हड्डी रोग विशेषज्ञ

नेत्र रोग विशेषज्ञ

ई०एन०टी० सर्जन

17/2/11
मुख्य चिकित्सा अधिकारी
संत कबीर नगर

Office of the Chief Medical Officer, Baghpat
CERTIFICATE OF PHYSICALLY HANDICAPPED

No. M-7/CMO/514

Dated 21/06/2012

Certified that Shri/Km./Smt. रिहान चौधरी
Aged 13 वर्ष Slo D/o W/o
R/o अंगदपुर जोड़ी Dist. बागपत
was examined today at the office of the chief
Medical Officer Baghpat at his/her own request.

On examination it was found that he/she is a case of post polio
Residual paralysis right lower limb
and he/she comes in the category of Physically Handicapped.

He/She has got 60% (Sixty Percent)
disability

मैंने इससे पूर्व कहीं से भी विकलांगता का कोई प्रमाण पत्र नहीं बनवाया है।

Rihan Chaudhary

यह विकलांगता प्रमाण पत्र
क्षतिपूर्ति/क्लेम केस के
लिये मान्य नहीं है।

Signature L.T.I./R.T.I. of रिहान चौधरी

S. S. S.
Senior /
Orthopaedic Surgeon
Baghpat.
Member



S. S. S.
Medical Officer
City Health Centre
Baghpat

S. S. S.
E.N.T. Surgeon/Eye Surgeon/Physician
Baghpat
Member



Form IV
Disability Certificate
 (In case of multiple disabilities)
 (Medical Superintendent, VMMC & Safdarjung Hospital, New Delhi - 110029)
 (See Rule 4)

Certificate No. 2-10/13

Date: 19/11/2013

This is to certify that I have carefully examined Shr./Smt./Kum Hamid Egbal /Son/Wife/Daughter
 Shr. Md. Monirul Alam Date of Birth 17 / 8 / 1993 Age 14 years / Male / Female Male

Registration No. 11324 permanent resident of House No. _____ Ward/Village/Street Alor's banni
 Post Office Shirajpur District East Champaran State Bihar

photograph is affixed above and we satisfied that he/she is a case of disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1.	Locomotor Disability			
2.	Low Vision			
3.	Blindness	Both Eyes	① Corneal opacity ② Amblyopia	100% Visual Impairment
4.	Hearing Impairment			
5.	Mental Retardation			
6.	Mental Illness			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) Not necessary.

(ii) Recommended after _____ year _____ months, and therefore this certificate shall be valid for _____

(iii) _____ (iv) _____ (v) _____

@ e.g. Left/Right/Both arms/Legs
 @ e.g. Single eye/Both eyes
 @ e.g. Left/Right/Both ears

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

RAJSEKHAR
 Specialist (CGHS)
 Eye & Ophthalmology
 Safdarjung Hospital
 New Delhi - 110029

Hamid Egbal

Authorized Signatory of notified Medical Authority
 (Name and Seal)
DR. V. RAJSEKHAR
 Eye Specialist (CGHS)
 Safdarjung Hospital
 New Delhi - 110029

Signature of the person
 to whom this certificate is issued
Hamid Egbal

Counter Signed
 (Counter signature and seal of the CMO/Medical Superintendent/Head of Government Hospital. In case the certificate is issued by a medical authority who is not a government servant (with seal))

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.
 Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December 1996.

OFFICE OF THE CHIEF MEDICAL OFFICER, LUCKNOW

508/07

(Handicapped Certificate in Accordance with the G.O. No. 7/4/1971 Karmik-2 Dated 20 May 1978

Date: 16/3/07.

The persons with disabilities (Equal opportunities protection of rights & full participation) Act-1995



(नोट :- प्रमाण पत्र में दिया गया नाम व पता वही है जो कि अभ्यर्थी द्वारा बताया गया है।)

We certify that Sri/Smt./Km. Syed Abuzar
 Son/daughter/wife of Shri Shafiq Ahmad aged about 10 years
 address L.S.C., W.I., Fatih Ali Ka Talab, Char Bagra, Lucknow
 is a case of Cerebral palsy - Rt. sided hemiparesis &
dystonia & disability of
sixty percent (60%) I.P.F. K.C.M.C.
Neurology OPD No 5282 202 (Ref. P.A.F. A.W. Agawal)
 M.I. A faint vision in both eyes

He/She is permanently Physically / Visually / Deaf Mute / Mentally handicapped Person.

Specimen Signature / R.T.I. / L.T.I. of the Candidate



Handwritten notes in Hindi:
 नाम: Syed Abuzar
 पता: L.S.C., W.I., Fatih Ali Ka Talab, Char Bagra, Lucknow
 दिनांक: 16/3/07

Handwritten signature: Sri Anand
 16/3/07
 ORTHOPAEDIC SURGEON
 (MEMBER)

Handwritten signature: Arjun
 EYE SURGEON
 (MEMBER)

मैं शपथपूर्वक प्रमाणित करता हूँ कि मैंने इसके पूर्व किसी भी मुख्य चिकित्सा अधिकारी से विकलांगता प्रमाण पत्र नहीं प्राप्त किया है।

Abuzar

Handwritten signature: km
 CHIEF MEDICAL OFFICER
 LUCKNOW (PRESIDENT)

पुस्तक मुद्रण विभाग, लखनऊ
 16/3/07

**GOVERNMENT OF RAJASTHAN
MEDICAL & HEALTH DEPARTMENT
MEDICAL BOARD'S CERTIFICATE
ON PERMANENT DISABILITY**

(Specified in Section 2 (b) (e) (l) (n) (o) (q) (r) (i) and (u) of the persons with disabilities Acts 1995, CH II of the persons with disabilities Rules 1996, Notification of the Govt. of India in the Ministry of Welfare No. 4-2/83-HW III date 6th August 1986 and circular No-P-1/5/MH/2/98 dated 30-06-2000 Medical & Health Department Government of Rajasthan.

Certificate No. 163 /200 Date 23-3-10

Name of Hospital ABMH BPR



This is to certify that Shri/Shrimati/Km. [Signature] whose particulars are furnished below is bonafied "Person with Disability" ORTHOPATEDICALLY/MSUALLY/HEARING IMPAIRMENT/MENTALLY CURED PERSON.

PARTICULARS OF THE DISABLED PERSON

Father's/Husband Name [Signature]

Gender 170430

Address गा. 219421 देस कोयल

Identification Mark Palace Mile Abharaj

History of illness/trauma with duration P.D. hip the lower

leg requiring day long

Aggregate percentage of the permanent disability 100%

Signature
Thumb Impression
of the Disabled Person

CHAIRMAN [Signature]
डा. रमेश

MEMBER [Signature]
चिकित्सा अधिकारी

डा. के. एम. शर्मा
अधीक्षक चिकित्सा अधिकारी

Note: A fore said person with disabilities eligible to apply for facilities concessional and benefit admissible under schemes of the Govt./Non Govt. organization subject to such condition as the Central or the State Government may impose.

Sponsored by
People's Reform Association for Better And Advance Livlihoods (PRABAL) Society
H.O. : 417, Rajendra Nagar Bharatpur (Raj.)

STANDARD FORMAT OF THE CERTIFICATE

ANNEXURE-B

OFFICE OF THE CIVIL SURGEON CUM C.M.O. WEST CHAMPARAN, BETTIAH, BIHAR

Certificate No. 33217

Date 26-04-18

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum. फारुख शारीब पिता र-वृ माता असुलम
 Son/wife/daughter of Shri श्री द्वार देवी चौक बडी मार-जद के पीछे पोस्ट बेलिया चामपारन
 Age 20 73 old male/female, Registration No. 47 बेलिया मिला is a case of प्रायः
RE-6/18 NO INHIB He/She is 40 % 100
 physically disabled/visual disabled/speech & hearing disabled and has 40 percent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her

Note :-

1. This condition is progressive/non-progressive/likely to improve/not likely to improve*
2. Re-assessment is not recommended/is recommended after a period of _____ months/year*

*Stroke out which is not applicable.

[Signature]
 चिकित्सा पदाधिकारी
 (DOCTOR)
 Seal
 बेलिया (प. चामपारन) 845438

[Signature]
 चिकित्सक पदाधिकारी
 (DOCTOR)
 Seal
 बेलिया (प. चामपारन) 845438

[Signature]
 चिकित्सा पदाधिकारी
 (DOCTOR)
 Seal
 बेलिया (प. चामपारन) 845438

Signature/Thumb impression of the patient.

Farukh Sharif



पदाधिकारी
 शाखा
 (प. चामपारन) 845438

[Signature]
 Countersigned by the
 Civil Surgeon/CMO
 (with seal) cum C.M.O.
 West Champaran, Bettiah



OFFICE OF THE MEDICAL SUPERINTENDENT
PT. MADAN MOHAN MALAVIYA HOSPITAL
 GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110 017

No.F.14/59/1550

/Pt.MMMH/ 980

Dated: 10/8/13

CERTIFICATE

FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum... Mohsin Khan
 S/o Utho Dto Khursheed Khan
 aged... 17 years... Male/~~Female~~ with w Registration No. 22880 is a case
 of physical disability / ~~visual disability~~ / ~~speech & hearing disability~~ and has
 50...% (Fifty..... percent) permanent (physical impairment / ~~visual~~
~~impairment~~ / ~~speech & hearing impairment~~) in relation to his / her

Left Upper Limb

This condition is ~~progressive~~ / Non-progressive / ~~Likely to improve~~ / Not likely to improve.
 Re-assessment is not recommended / is recommended after a period of

[Signature]
 MEMBER
 Disability Board
DR. MANISH SHARMA
 Specialist and Head
 Department of Orthopedics Surgery
 Pt. Madan Mohan Malaviya Hospital
 Govt. of NCT of Delhi
 Malviya Nagar New Delhi - 110017

[Signature]
 MEMBER
 Disability Board
DR. ANSHU GOEL
 Junior Specialist (Medicine)
 Pt. M. M. Malaviya Hospital
 Malviya Nagar, Govt. of NCT of Delhi

[Signature]
 MEMBER
DR. MANISH D. SHARMA
 Disability Board,
 Jr. Specialist (Surgery)
 Pt. M. M. Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017
 Recent attested photograph showing disability

[Signature]
 Signature / Thumb impression of Patient

Counter signature of Disability Board Chairman
 Dr. S.K.Varma, Consultant / ENT

Date: 10/8/13

[Signature]
Dr. S. K. VARMA
 M. S. (ENT.)
 Consultant, E.N.T.
 Chairman Disability Board
 Pt. M. M. Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017



NOT VALID FOR MEDICO LEGAL CASES

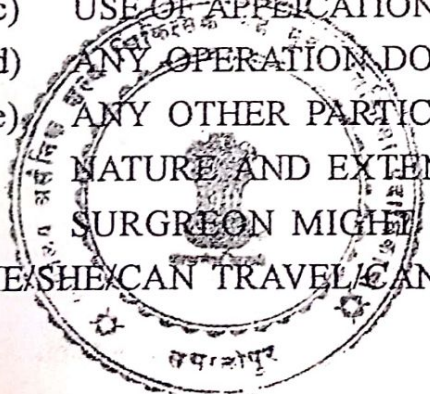
OFFICE OF THE CIVIL SURGEON CUM C.M.O SAMASTIPUR
MEDICAL CERTIFICATE IN RESPECT OF ORTHOPEDICAL VISULLY HANDICAPPED

CERTIFICATE NO. 630/12



CERTIFIED THAT I HAVE EXAMINED
THE APPLICANT WHOSE PARTICULARS
ARE GIVEN BELOW.

1. NAME OF THE CANDIDATE... MD. RIZWEE
2. SEX... MALE
3. APPROXIMATE AGE... 18 year
4. FATHER'S/HUSAND'S NAME... MD. ALAM
5. ADDRESS... AT+PO- CHAND CHOUR MATHURA PVR, P.S- UJJAIR PVR
N/A- PALSING SARAI, DIST- SAMASTIPUR (BIHAR)
6. IDENTIFICATION MARKS IF ANY... MOLE ON LEFT PALM
7. (a) NATURE OF DISABILITY... Parmaned
- (b) EXTENT OF DEFORMITY (ESTIMATED IN PERCENTAGE)... dt. Eye blind 40% Percent
- (c) USE OF APPLICATION... R. Eye 40% (40%)
- (d) ANY OPERATION DONE OR INDICATED
- (e) ANY OTHER PARTICULARS TO CLEARLY THE NATURE AND EXTENT OF DISABILITY THAT SURGOREON MIGHT LIKE TO POINT.
8. HE/SHE CAN TRAVEL CAN NOT TRAVEL WITHOUT AN ESCORT.



md. Rizwee

SIGNATURE THUMB IMPRESSION
OF CANDIDATE

28/5/12
28/5/12

SIGNATURE OF AN ORTHOPEDIC
SURGEON EYE SURGEON SADAR HOSPITAL
SAMASTIPUR

28-5-12
CHEIRMAN
CIVIL SURGEON CUM C.M.O
SAMASTIPUR

FORM-IV

DISABILITY CERTIFICATE

(Other than those mentioned in Forms II and III)

Government of India

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

No. 13-9/2014-RMLH (M-II)/921

New Delhi the 14/8/2014

(See rule-4)



Dr.
 Dept. of Orthopaedics
 LHMC & RML Hospital New Delhi

This is to certify that I have carefully examined Miss. Shivani, D/O- Sh. Vinod Kumar, 16Y/F, r/o- RZ-478/4, Gali No- 46, Sadh Nagar, Palam Colony, South West Delhi, Delhi-110045. photograph is affixed above, and am satisfied that she is a case of **KYPHOSCOLIOSIS OPERATED. HER DISABILITY IS 40% IN RELATION TO BODY (PERMANENT)**. His extent of physical impairment/disability has been evaluated as per guidelines F.No. S.13021/1/2010-MS/MH-II. Directorate General of Health Services (Medical Hospital Section-II), Nirman Bhawan, New Delhi dated 18.06.2010 and is shown against the relevant-disability in the table below:

S.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	LOCOMOTOR DISABILITY	Body	As above	40% (Forty Percent)
3	Low Vision			
4	Blindness			
5	Hearing Impairment			
6	Mental retardation			
6	Mental-illness			

Shivani
self attested

विकलांग प्रमाण-पत्र

कार्यालय मुख्य चिकित्सा अधिकारी, रामपुर

पत्र संख्या : सी०एम०ओ०/एम०-४वि०/२०१८/५५६०

दिनांक 30-09-2018

प्रमाणित किया जाता है कि श्री मिस्टर अहमद इनकी आज्ञानुसार आयु लगभग 19 वर्ष

पुत्र/पत्नी मिस्टर अहमद निवासी मो० मा० रामपुर जिला रामपुर का चिकित्सीय परीक्षण जिला मेडिकल वार्ड (विकलांग के लिए) के द्वारा उनके लिखित प्रार्थना पत्र दिनांक

30-9-2018 के आधार पर किया गया।

रोगी PPMPLU

R 40 only

उपरोक्त परीक्षण रिपोर्ट के आधार पर तथा शासनादेश संख्या 7-4-1972 कार्मिक/2 दिनांक 20-5-1978 के अनुसार श्री/कु०/श्रीमती मिस्टर अहमद शारीरिक रूप से विकलांग की श्रेणी में आते हैं। इनका हस्ताक्षर/नि० अ० नीचे प्रमाणित है।

पहचान चिन्ह- Buyochu



[Signature]
अध्यक्ष

मुख्य चिकित्सा अधिकारी
Chief Medical Superintendent
Distt. Hospital, Rampur

सदस्य नं०-1

आर्थोपेडिक सर्जन/अर्थ सर्जन/फिजीशियन
जिला चिकित्सालय, रामपुर।

Chief Medical Superintendent
Distt. Hospital, Rampur

[Signature]
प्रार्थी के हस्ताक्षर/नि० अ० प्रमाणित

सदस्य नं०-2

सीनियर सर्जन/रेडियोलोजिस्ट/ई०एम०टी० सर्जन
जिला चिकित्सालय, रामपुर।

[Signature]
मुख्य चिकित्सा अधिकारी
Superintendent
Distt. Hospital, Rampur

Certificate No. PWD/17/2041

Date: 10/07/17

This is to certify that we have carefully examined Shri/ Smt. MASHUDUL HARUE
/son of Shri. LHTISHAMUL HARUE Date of Birth. 16/12/1983 (DD) (MM) (YY)
Age 34 years, male/female. MALE

Registration No. 10412/17 permanent resident of House No. E-77 A, FLAT 403

Ward/Village/Street. ABUL FAZAL ENCLAVE Post Office 110025

District OKHLA State DELHI whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@	Neurotic Ticks	10-12%
2	Low vision	#	-NA-	—
3	Blindness	Both Eyes	-NA-	—
4	Hearing impairment	£	NIL	NIL
5	Mental retardation	X	NIL	NIL
6	Mental-illness	X	TORRETS SYNDROME	10-15%

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: 27% percent in words: Twenty Seven percent

2. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is: NOT REQUIRED

(i) not necessary,

Or

Diagnosis: TORRETS - SYNDROME (INVOLUNTARY)
Neurotic Tics

No. 1, Institutional Area, Nehru Nagar, New Delhi-110065

Tel: 29849010-20, Fax: 91-11-29849028, 29849028 Toll Free No. 1800-11-3444

E-mail: publicrelations@vimhans.com, corpaffairs@vimhans.com, administrator@vimhans.com
help@vimhans.com, Website: www.vimhans.com

M. S. S. S.

(ii) therefore this certificate shall be valid till is recommended/
after years..... months, and (DD) (MM) (YY)

4. Single eye/both eyes e.g. Left/Right/both ears

The applicant has submitted the following document as proof of residence:

VIMHANS Hospital
[Signature]
10/07/17
Dr. Adnan Rasheed Sherwani
Medical Coordinator/Administrator
D.M.C. No. 40584 (D.M.C.)
Vimhans Hospital

[Signature]

डिस्ट्रिक्ट के अन्तर्गत जारी..



उत्तर प्रदेश शासन

OFFICE OF THE CHIEF MEDICAL OFFICER
HANDICAP CERTIFICATE IN ACCORDANCE WITH G.O.NO.7/42071 KARMIK-2 DATED MAY 20-1978

Certificate ID: 53418600044
Application No: 181830040000179

Date: 06/03/2018

Name : श्री अताउर रहमान हाशमी
Age : 21
Father Name : श्री इकबाल अहमद
Mother's Name : श्रीमती सुरैया बेगम
Address : 95, गोल चौक रफी नगर मनकापुर
Village :
District : गोंडा



Whose signature/LTI/RTI is given below.

Certify that He/She is a case of **40 PERCENT VISUAL DISABILITY**

The Percentage of disability is about **40 %**

We certified that He/She is **Permanent** physically handicapped person

ORTH.SURGEON

PHYSICIAN

EYE SURGEON

E.N.T SURGEON

Sig/LTI/RTI of the candidate

CHIEF MEDICAL OFFICER



जारी कर्ता केन्द्र : पियूष सिंह, 170 बीरेपुर 2

पद: पियूष सिंह, केन्द्र प्रभारी

स्थान: 170 बीरेपुर

, मनकापुर, मनकापुर, Gonda

दिनांक : 07/03/2018

हस्ताक्षर एवं मुहर

MALIK ALAMGEER
Digitally Signed by
MALIK
ALAMGEER
O=GOVERNMENT,
S=Uttar Pradesh

Digitally Signed
Chief Medical Officer

गोंडा

दिनांक: 06/03/2018

यह प्रमाण पत्र इलेक्ट्रॉनिक डिजिटल सिस्टम द्वारा तैयार किया गया है तथा डिजिटल सिग्नेचर से हस्ताक्षरित है। सम्बन्धित केन्द्र के अधिकृत कर्मियों द्वारा प्रमाणित किया गया है। यह प्रमाण पत्र वेबसाइट <http://edistrict.up.nic.in> पर इसका पहले आवेदन क्र० फिर प्रमाणपत्र क्र० अंकित कर, सत्यापित किया जा सकता है।

Ataur Rehman Hashmi

Concession Certificate Form For Orthopaedically Handicapped/ Paraplegic Person/ Patients/Mentally Retarded Person/ Completely Blind Person/ Totally Deaf & Dumb Person



Handwritten text: M.S. 6/16, Hospital, Samasiput, Reg. No. - 24954/50

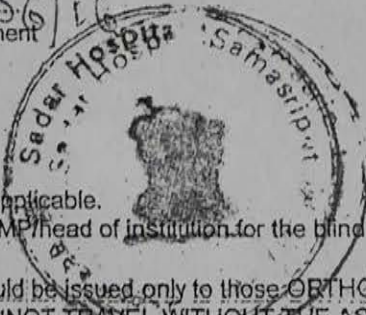
This is to certify that Km/Shri Smt. Amir Faiyaz whose particulars are furnished below is a bona ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMPLETELY BLIND PERSON/TOTALLY DEAF & DUMB PERSON*

Particulars:

- a) Address: At + Po. Jitwarpur Chautha via Jitwarpur Dist Samasiput
- b) Father's/Husband's Name: Md. Faiyaz Ahmad
- c) Age: 22 years
- d) Sex: M
- e) Nature Of Handicap: (To be Written by doctor whether the disability is temporary or permanent) Post Polio Residual Palsy of Left hand
- f) Signature of thumb impression: Permanent 55% (Fully necessary for those with)

Place: Samasiput
Date: 4/06/16
Clear seal of Government Hospital#

Amir Faiyaz (Signature Of Government Doctor#)
Seal containing full name and Regn No of the Doctor#



Strike out where not applicable.

For blind persons RMP/head of institution for the blind recognized can also issue certificate for blind.

Note:

1) The certificate should be issued only to those ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMPLETELY BLIND PERSON/TOTALLY DEAF & DUMB PERSON The Photo must be signed and stamped in such a way that doctor's signature and stamp appear partly on the photo and partly on the certificate:

2) for mentally retarded persons/ completely blind persons/ deaf and dumb persons (both afflictions together) the certificate will be valid for five years from the date of issue for temporary disability in the case of orthopaedically/ paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability the certificate will remain valid for (1) five years, in case of persons upto the age of 25 years, (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in case persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of period validity of the certificate the person is required to obtain a fresh certificate,

3) Photocopy of this certificate is accepted for the purpose for grant of concession. The original certificate will have to be produced for inspection at the time of purchase of concessional ticket and during the journey if demanded.

4) No alteration in the form is permitted.

Handwritten signature: Amir Faiyaz

Handwritten date: 4/06/16

17/11/11

1. Name : Md. Arsalan Tarique
 नाम : Md. Arsalan Tarique
 2. Father's/Husband Name :
 पिता / पति का नाम : Tarique Jawed
 3. Date of Birth : 23/09/24
 जन्म तिथि : 23/09/24
 4. Sex (Male/Female) : M.
 लिंग (पुरुष / स्त्री) : M.
 5. Present Address :
 वर्तमान पता : Flat No - 601
 A.N. College,
 Boring road Patna - 1



Mohammed Arsalan Tarique

Signature/Thumb impression of Person with Disability

विकलांग व्यक्ति का हस्ताक्षर/अंगुठा का निशान

Counersigned (Be...
 सहायक निदेशक, जिला सामाजिक सुरक्षा कोषांग, पटना

(सुरेन्द्र प्रसाद)

Issued on the basis of Rajendra Sahayak Nideshak, Jila Samajik Suraksha Kohang, Patna
 Eye Hosp Reg-No- 24106/6/9/11
 E-8350/6-9-11

21-9-11 DETAILS OF CONCESSIONS PROVIDED
 प्रदान की गई सुविधाओं का विवरण

Sl.No क्रमांक	Date तिथि	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with Seal पदाधिकारी का हस्ताक्षर एवं मुहर

Attested
 Abundant
 20/11/18

DISABILITY CERTIFICATE

विकलांगता प्रमाण-पत्र

1. Name : Md Arsalan Tarik
 नाम : Md Arsalan Tarik
 2. Nature of Disability :
 विकलांगता का प्रकार : Conge Ambyopia
 Cong ophic Atrophy.
 3. Disability Code :
 विकलांगता कोड : V I
 4. Percentage of Disability : 75% (Seventy Five)
 विकलांगता का प्रतिशत : 75% (Seventy Five)
 5. Identification Marks :
 पहचान चिन्ह : 1. A til on left index finger.
 2.

Signature of the Medical Officer with seal

चिकित्सा पदाधिकारी का हस्ताक्षर एवं मुहर

चिकित्सा पदाधिकारी
 चिकित्सा पदाधिकारी
 चिकित्सा पदाधिकारी

OFFICE OF THE CIVIL SURGEON-CUM-CHIEF MEDICAL OFFICER

Memo No. - 8519

DATE - 04.01.2016

PATNA

Certified that Sir/Smt **MD. ZAKIR HUSAIN**



aged about 26.01.1999 yrs. Son/Daughter/Wife of

Sir MD. MOTI ALAM

At BHORHA

P.O. BALHAMPUR

P.S. BAKHTIYARPUR

Dist. SAHARSA

appeared before the handicapped Board on 04.01.2016

and case of *Deafness*

to ermanent/Temporary disability. His/Her disability rate is 45% (For 24 hrs)

His Signature/L.T.I. is attested below. This Certificate is valid for whole life
.....Years. His/Her Marks of Identification is

MD Zakir Husain

MD Zakir Husain
Signature of Candidate

[Signature]
PHYSICIAN
Sader Hospital,
Patna

[Signature]
Specialist
Ortho/E.Y.T.
Sader Hospital,
Patna

[Signature]
Chairman
Civil Surgeon-Cum-Chief
Medical Officer,
Patna

- Name : **उसमान गनी**
नाम
- Father's/Husband's Name : **मोह मोचाकु हसन**
पिता/पति का नाम
- Date of Birth : **12 अक्टू**
जन्म तिथि
- Sex (Male/Female) : **पुरु**
लिंग (पुरुष/स्त्री)
- Present Address : **ग्राम - पुसकी
रेव - खवासन
पना - बपरी
(5/25A)**
वर्तमान पता
- Educational Qualification :
शैक्षणिक योग्यता
- Monthly Family Income :
मासिक पारिवारिक आय
- Caste : **शेरशाहवादी**
जाति - SC/ST/BC/OBC/GEN/OTHERS
अनु० जाति / अनु० जन जाति / पिछड़ा वर्ग /
अन्य पिछड़ा वर्ग / सामान्य / अन्य
- Occupation :
पेशा



Signature Thumb impression of Person with Disability : **Usman Gani**
विकलांग व्यक्ति का हस्ताक्षर/अंगूठा का निशान :



Signature of District Collector with Seal : **सहायक निदेशक**
प्रतिहस्ताक्षर (हस्ताक्षर) : जिला कल्याण पदाधिकारी का हस्ताक्षर एवं मुहर

DETAILS OF CONCESSIONS PROVIDED
प्रदान की गई सुविधाओं का विवरण

Sl.No. क्रमांक	Date तिथि	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with Seal पदाधिकारी का हस्ताक्षर एवं मुहर
			Usman Gani

DISABILITY CERTIFICATE
विकलांगता प्रमाण-पत्र

- Name : **Usman Gani**
नाम
- Nature of Disability : **Bilat. CTEV & deformity (B) hand & muscle weakness**
विकलांगता का प्रकार
- Disability Code : **4D**
विकलांगता कोड
- Percentage of Disability : **100% (Hundred)**
विकलांगता का प्रतिशत
- Identification Marks :
पहचान चिन्ह

Signature of the Medical Officer with seal : **चिकित्सा पदाधिकारी का हस्ताक्षर एवं मुहर**
चिकित्सा पदाधिकारी
सहायक निदेशक



CERTIFICATE OF DISABILITY
(In Case for ID/SLD Disability)



Dr. Ram Manohar Lohia Hospital, New Delhi

[See Rule 18(1)]



Certificate No. 13-9/2018-RMLH(M-II)/ 456

Date : 21/7/2018

This is to certify that I have carefully examined **Mr. Shrey Sharma S/o Mr. Umesh Sharma**, Date of Birth - 11/06/2000, Age - 18 Years 01 Months /Male, Registration No. 20180593057, Dt. - 20/07/2018. R/o - 3061 Gali No. 5, Ranjeet Nagar, Patel Nagar S.O., District - Central Delhi, Delhi - 110008, whose photograph is affixed above, and am satisfied that he is a case of (SLD) SPECIFIC LEARNING DISABILITY. His extent of percentage physical impairment / disability has been evaluated as per guideline. (Gazette notification dated 04 / 01 / 2018, Ministry of Social Justice & Empowerment, GOI.) and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected Part of Body/ Diagnosis (if applicable)	Temporary disability (in %)
1.	Speech and Language Disability	-	-
2.	Intellectual Disability	-	-
3.	Specific Learning Disability	SLD (MODERATE SEVERITY)	-
4.	Autism spectrum Disorder	-	-
5.	Mental illness	-	-
6.	Chronic Neurological Conditions	-	-
7.	Multiple Sclerosis	-	-
8.	Parkinson's Disease	-	-
9.	Low vision	#	-
10.	Deaf	€	-
11.	Hard of Hearing	€	-
	Any Other	-	-
	Total	-	SLD

(please strike out of the disabilities which are not applicable)

2. The above condition is Progressive / Non- progressive / Likely to improve / Not likely to improve.
3. Reassessment of disability is :
 - (i) Not necessary, or
 - (ii) Is recommended after 2 Years X Months from the date of issue of certificate.

Government of Jammu and Kashmir
Office of District Medical Board/Chief Medical Officer, Kupwara

Form - I - A
Disability Certificate

Certificate No: CMO/Kup/DMBK/17-18/ 1372

Dated: 31/8/2017



This is certified that we have carefully examined Mr/Miss/Mrs Mishal

Do Gh. Huskake Mir

Consultant
Member District Medical Board
Kupwara

Who has applied for disability certificate vide application dated _____ and whose photograph is affixed above, and are satisfied that

She is a case of (R) Hearing loss Disability His/her extent of permanent Physical Impairment/Disability has been evaluated and is indicated hereunder

S.No	Disability	Diagnosis	Disability His/her Permanent/ Temporary Disability in %age
1.	Blindness	(R) Profound Hearing loss	45%
2.	Low vision		
3.	Epilepsy cured		
4.	Hearing impairment		
5.	Locomotive		
6.	Mental retardation		
7.	any other (Specified in Act)		

Forty five cent.

The above condition is progressive / non progressive / likely to improve / not likely to improve.

The certificate shall be valid for Life long / Life Time / _____ Years

Reasons for rejection of application for disability certificate.

Signature and seal of the Medical Authority.

Seal & Signature
Consultant (ENT)
Member District Medical Board
Kupwara

Seal & Signature
Consultant (Surgery)
Member District Medical Board
Kupwara

Seal & Signature
CONSULTANT PHYSICIAN
MEMBER DISTRICT MEDICAL BOARD
KUPWARA
District Medical Board Kupwara

Thumb Impression of
the applicant

Seal & Signature
Chairman
District Medical Board
Chief Medical Officer
Kupwara

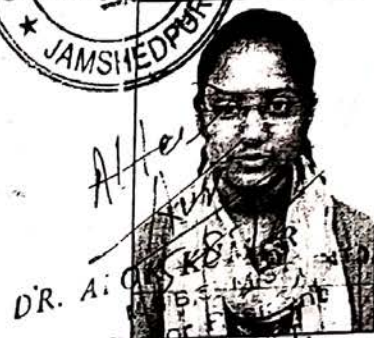
_____ of the person in whose favour disability certificate is issued

**Form-IV
Disability Certificate**
(In cases other than those mentioned in Forms II and III)
(See rule 4)



(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING CERTIFICATE)

Certificate No. E.N.T-02 Date: 5-8-17



DR. A. O. S. K. S. V. S. R.
M.G.M. Medical College & Hospital
Jamshedpur.

this is to certify that I have carefully examined
Shri/Smt./Kum: Farah Afreen

son/wife/daughter of Shri: Adel Nouman Ansari

Date of Birth: 22-2-1997 Age: 20 years, Sex: - male/female
(DD/MM/YY)

Registration No. E.N.T-02 permanent residents of House No. 25

Ward/Village/Street: Kuli Road, Cross Road No-17 Post Office: Mango

District: E. Singhbhum State: Jharkhand

whose photograph is affixed above, and am satisfied that he/she is a case of.....disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£	Rt ear Profound Lr ear Moderate Mild	40% (Forty Percent)
5	Mental retardation	X		
6	Mental-illness	X		

2. This condition is progressive/ non-progressive/, likely to improve/ not likely to improve.
3. Reassessment of disability is :

(i) not necessary, Or
(ii) is recommended/ after 5 years.....months, and therefore this certificate shall be valid till.....
(DD) (MM) (YY)

Office of the Civil Surgeon
Cum
Chief Medical Officer, Darbhanga

Serial No. 104

Date 13/6/09

Certified that Shoba Barain

(7 years)

D/o Md. Nashim Akhmed

Village Ranauti

P. O. Hareglat

District Darbhanga

Has been examined by medical board on 13/6/09

He/ She is suffering from motor weakness of Rth hip, knee & ankle

And orthopaedically handicapped.

His/ her disability is about Partly lame (45%) potent

L. T. I. Signature of the candidate

M. I. Mole & Nerve of Neck

Member

Orthopaedic

Member

Surgeon

Member

Eye

Member

ENT

Member

Medicine



CIVIL SURGEON CUM
CHIEF MEDICAL OFFICER
DARBHANG

Saba Perween.

**GOVERNMENT OF RAJASTHAN
MEDICAL & HEALTH DEPARTMENT
MEDICAL BOARDS CERTIFICATE
ON PERMANET DISABILITY**

(Specified in Section 2 (b) (e) (I) (n) (o) (q) (i) and (u) of the person with disabilities act 1995, CH, II of the persons with disabilities Rules 1996, Notification of the Govt. of India in the Ministry of Welfare No. 4-2/83-HW III date 6th August 1986 and circular No. P-16/5MH/2/98/dated 30/06/2001 Medical & Health Department, Govt. of Rajasthan.

Certificate No. 340 /2003 Date 22/6/13

Name of Hospital S.L. Hospital



This is to certify that Shri/Shrimati/Km Gopal Prasad Sharma

Whose Particulars

are furnished below, is bonafied "Person with disability ORTHOPAEDICALLY VISUALLY/HEARING IMPAIRMENT/MENTALLY/LEPROSY CURED PERSON."

डा. कनिष्ठ विशेषज्ञ (आर्थो)
श्री फलियाण चिकित्सालय, सीकर
RMC - 17673

PARTICULARS OF THE HANDICAPPED PERSON

Father's/Husband's Name Subin Dayal Sharma

Gender m

Age 17 yrs

Address Belone, Teh. Lasmangan, Dist. Sikar

Identification Mark Inscap

History of illness/Trauma with Duration Congenital def U.L

Short Description of the Permanent Disability Earb's Babby U.L

Aggregate Percentage of the Permanent Disability More than 60% (Party 1)

Signature Gopal P. D. Sharma

Thumb Impression
of the Handicapped Person

Gopal P. D. Sharma

डा. यूसुफ अली देवड़ा
कनिष्ठ विशेषज्ञ (आर्थो)
राज. श्री फलियाण चिकित्सालय, सीकर
RMC - 17673

Certificate No. 326

Date 14.6.18

OFFICE OF THE CIVIL SURGEON CUM CHIEF MEDICAL OFFICER VAISHALI CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to Certify that Shri, Smt. Kumari Md. Altaf Reza
S/o, W/o, D/o Shri. Nosir Mohammed Vill Mohammedpur
Post Parmanandpur P.S. Mahnar Distt Varshali Age 18 Year
old. Registration no. 03/14.6.18 is a case of Pol: flat foot & warty
& weakness both leg
..... He/She is physical/Mentally/Visual/Auditory/Speech Disability and
has (..... 4.5% (..... four five) percent) Permanent disability.

NOTES: 1. ~~This condition~~ is progressive and likely to improve so Re-assessment is recommended after 2/5 years.
2. Re-assessment is not required.



Signature/Thumb impression
of the patient

Doctor's Signature
Seal
Mr. Altaf Reza

M.I. A note on (L) side of nose

Doctor's Signature
Seal

Doctor's Signature
Seal Board

Counter signed by Medical Superintendent
C.M.O/Head of Hospital Seal
VAISHALI

Handwritten note: Md. Altaf Reza

OFFICE OF THE CHIEF MEDICAL OFFICER, HATHRAS
DISABILITIES CERTIFICATE

Certificate No. 671/2016 Date : 18.10.2016

This is to certified that Shri/Smt/Kum Prakash Prasad
 son/wife/daughter of Shri Prakash Prasad Age 17.4 Sex M
 Address 11/20, Main Road, Hathras, U.P. Aadhar No. 610202718862
 Mob. No. Identification mark (s).....



is suffering from permanent disability of following category.

(A) Locomotor or cerebral Palsy :

- (i) BL- Both legs affected but not arms.
- (ii) BA- Both arms affected.
 - (a) Impaired reach
 - (b) Weakness or grip
- (iii) BLA- Both Legs and both arms affected
- (iv) OL- One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA- One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH- Stiff back and hips (Can not sit or stood)
- (vii) MW- Muscular weakness and limited physical endurance

(B) Blindness or Low vision:

- (i) B-blind
- (ii) PB- Partially Blind

As per Report of J.N Medical College Aligarh

(C) Hearing impairment :

- (i) D- Deaf
- (ii) PD- Partially Deaf

with G.D. No. 500/16633 and Report 19632/16-D/1910/2016 & E category G124 and LE No 1114

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this of this case is not recommended/is recommended after a period of years months.

3. Percentage of disability in his/her case is 40 percent.

4. Sh./Smt./Km. Prakash Prasad meets the following physical requirements for discharge of his/hor duties :

(i)	F	- can perform work by manipulating with fingers	Yes/No
(ii)	PP	- can perform work by pulling & pushing	Yes/No
(iii)	L	- can perform work by lifting	Yes/No
(iv)	KC	- can perform work by kneeling and crouching	Yes/No
(v)	B	- can perform work by bending	Yes/No
(vi)	S	- can perform work by sitting	Yes/No
(vii)	ST	- can perform work by standing	Yes/No
(viii)	W	- can perform work by walking	Yes/No
(ix)	SE	- can perform work by seeing	Yes/No
(x)	H	- can perform work by hearing/speaking	Yes/No
(xi)	RW	- can perform work by reading and writing	Yes/No

(Dr. [Signature])
 Member
 Medical Board

(Dr. [Signature])
 Member
 Medical Board

(Dr. [Signature])
 Chairperson
 Medical Board

Prakash Prasad

18.10.2016
 Countersigned by the
 CHIEF MEDICAL OFFICER
 HATHRAS

डिस्ट्रिक्ट के अन्तर्गत जारी..



उत्तर प्रदेश शासन

OFFICE OF THE CHIEF MEDICAL OFFICER
HANDICAP CERTIFICATE IN ACCORDANCE WITH G.O.NO.7/42071 KARMIK-2 DATED MAY 20-1978

Certificate ID: 583186000533
Application No: 181880040001741

Date: 25/04/2018

Name : श्री इरशाद अहमद खान
Age : 19
Father Name : श्री शहीद अली खान
Mother's Name : श्रीमती शाहिदा खातून
Address : 74/सी, मोहल्ला-अंधियारी बाग पोस्ट-गोरखपुर
Village :
District : गोरखपुर



Whose signature/LTI/RTI is given below.

Certify that He/She is a case of Vn RE 6/60, Vn LE 6/36 Cert No- 3118 Dt. 19.03.2018

The Percentage of disability is about 45 %

We certified that He/She is Permanent physically handicapped person

ORTH.SURGEON

PHYSICIAN

EYE SURGEON

E.N.T SURGEON

Sig/LTI/RTI of the candidate



CHIEF MEDICAL OFFICER

Irshad Ahmed Khan

जारी कर्ता केन्द्र : राज नरेन
कुमार, सीएमएस जन सेवा केंद्र
पद: राज नरेन कुमार, केन्द्र प्रभारी
स्थान: 066, गोरखपुर वार्ड न.

RAVINDRA
KUMAR

Digitally Signed
by RAVINDRA
KUMAR
O-Health
Department.

Digitally Signed
CMO
गोरखपुर



उत्तर प्रदेश शासन

कार्यालय उप जिलाधिकारी द्वारा प्रदत्त सामान्य निवास प्रमाण पत्र

जिला गोरखपुर
तहसील गोरखपुर मदन
आवेदन क्र० 171880020152122
प्रमाणपत्र क्र० 583172042641

जारी दिनांक: 15/11/2017

सम्बन्धित लेखपाल की जांच आख्या दिनांक 14/11/2017 के आधार पर एतद् द्वारा प्रमाणित किया जाता है कि

पुत्र/पुत्री
माता का नाम
मकान नम्बर
मोहल्ला
ग्राम
थाना
तहसील
जिला

श्री Irshad Ahmed Khan
श्री Shahid Ali Khan
श्रीमती Shahida Khatoon
74C
Andhiyari Bagh



तिवारीपुर
गोरखपुर मदन
गोरखपुर

उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर 74C ग्राम मोहल्ला Andhiyari Bagh तहसील गोरखपुर मदन, जनपद गोरखपुर उत्तर प्रदेश है।

2. उपर्युक्त की पुष्टि प्रारूप - 1 में आवेदन एवं मत्यापनकर्ता द्वारा उपलब्ध कराई गई सूचना तथा इनमें संतुष्ट हो जाने के उपरान्त अधोहस्ताक्षरी द्वारा उत्तर प्रदेश के इस जनपद का सामान्य निवासी होने विषयक प्रमाण पत्र निर्गत किया जा रहा है।



PANDEY
RAHUL

Digitally Signed by
PANDEY RAHUL O=ALL
INDIA SERVICES,
OU=IAS, C=IN
CN=PANDEY
RAHUL S=UTTAR
PRADESH

सधम अधिकारी/उप जिलाधिकारी
डिजिटल हस्ताक्षरित
गोरखपुर मदन, गोरखपुर
दिनांक: 15/11/2017

यह प्रमाण पत्र इलेक्ट्रॉनिक डिजिटल सिग्नेचर द्वारा वैधानिक किया गया है तथा डिजिटल सिग्नेचर में हस्ताक्षरित है एवम् आवेदक द्वारा स्वयं की जांच इन आरटी के माध्यम से डाउनलोड किया गया है। यह प्रमाण पत्र वेबगाइट <http://edistrict.up.nic.in> पर इसका पहले आवेदन क्र० फिर प्रमाणपत्र क्र० प्रकृत कर, मत्यापित किया जा सकता है।

Irshad Ahmed Khan

11/19/2017, 9:11 PM

F.C.M.O. MUZAFFARNAGAR (U.P.)

Issued by G.S.R. 2 (E) Dated 30th December 2009 (w.e.f. 01.01.2010)
 Date: 21/07/2018
 20/08/2018

DISABILITY CERTIFICATE

Not For Medicolegal



This is to certify that we have carefully examined Shri/Smt./Kum. समीर चौधरी Son/Wife/
 Daughter of सुदीप चौधरी Date of Birth 15-01-1999 Age 19 Years Male/Female
 Permanent resident of House No. / Vill. 281 पैटोवाली गली, मुजफ्फरनगर Post Office
सक Teh. मुजफ्फरनगर Distt. Muzaffarnagar (U.P.) whose photograph is affixed above,
 and are satisfied that :

(1) (A) He/She is a case of Disability/Disabilities His/Her Extent of percentage physical impairment/disability has been evaluated as per guidelines to be Specified for the disabilities Mentioned below, and shown against the relevant disability in the table below :

Sr. No.	Disability	Affected Body	Diagnosis	Physical/mental disability (%)
1.	Locomotor disability @	Left hand & right	Post stroke	40%
2.	Low vision/ Blindness	Both eyes	Myopia	
3.	Hearing/ Speech disability			
4.	Mental retardation / illness			

(B) In the light of the above, his / her overall permanent physical / mental impairment as per guidelines is as follows :-
 In figures Percent. In words 40 percent

- (2) This condition is progressive/non progressive/likely to improve/not likely improve
 (3) Reassessment of disability is :
 i) Non necessary,
 ii) Is recommended/after years months, and therefore this certificate shall be valid till DD MM Years
 (4) The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate
पञ्चायत प्रमाण पत्र 925880254942		

M.I.

(Signature/Thumb impression of the person in whose favour disability certificate is issued)

Signature/Thumb impression of the person in Whose favour disability certificate is issued

(5) Signature and seal of the Medical Authority

(Signature and Seal of Member)

Name and Seal of Member

(Signature and Seal of Member)

Name and Seal of Member

(Signature and Seal of Member)

Name and Seal of Member

(Signature and Seal of Chairman)

Name and Seal of Chairman

नोट- इससे पूर्व मैंने अपना विकलांगता प्रमाण पत्र नहीं बनवाया है।

1- Right (L) Shoulder AP
 2- Right (L) Elbow AP

(Signature)
 आवेदक के हस्ताक्षर

UNIQUE DISABILITY ID
Government of India



STATE ID:
N/A
Aadhaar No.
*****4942



Address of the Card Issuing Authority State/District level
Cmo Office, Muzaffarnagar, Uttar Pradesh - 251001



UNIQUE DISABILITY ID
Government of India



नाम / Name
समीर चौधरी
Sameer Choudhary

UD ID
UP0210619990008078

Disability Type
Locomotor Disability

Year of Birth % of Disability
1999 45% (Forty Five Percent)

Date of Issue Valid upto
20/08/2018 Permanent



(P)

Issuing Authority Sign



OFFICE OF THE MEDICAL SUPERINTENDENT
Pt. MADAN MOHAN MALAVIYA HOSPITAL
GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110 017

7732 /Pt.MMMH/31

Dated: 5/2/16

REPORT OF MEDICAL EXAMINATION

IN RESPECT OF SUIT / CASE / FIR NO. 308/14 P.S. Jamia Nagar

IN THE COURT Ms. Madhu Jain

This is to certify that Shri/Smt/Kum. Md. Fahad
S/o Md. Shahid
aged 18 years..... Male/Female with Registration No. 29454..... is a case of
physical disability / ~~visual disability~~ / ~~speech & hearing disability~~ and has
19 % (Nineteen.....) percent permanent (physical impairment /
~~visual impairment~~ / ~~speech & hearing impairment~~) in relation to his / her

Left Foot

This condition is progressive / Non-progressive / Likely to improve / Not likely to improve.
Re-assessment is not recommended / is recommended after a period of

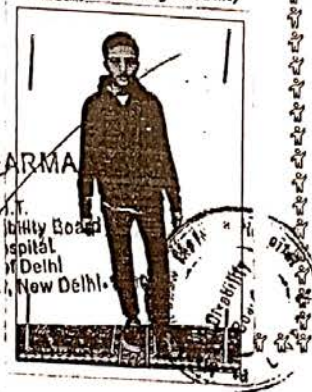
MS
MEMBER
Disability Board
DR. MANISH SHARMA
Specialist and Head
Department of Orthopedics Surgery
Pt. Madan Mohan Malaviya Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi - 110017

AG
MEMBER
Disability Board
DR. ANSHU GOEL
M.D. (Specialist Medicine)
(Reg. No. DMC 6498)
Govt. of NCT of Delhi
Pt. M.M.M. Hospital
Malviya Nagar, New Delhi-17

Dr. S.K. VARMA
MEMBER
M. S. (E.N.T.)
Consultant Disability Board
Pt. M. M. M. Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi-110017
Recent attested photograph showing disability

Counter signature of Disability Board Chairman
Dr. S.K.Varma, Consultant / ENT
Date: 5/2/16

Dr. S. K. VARMA
M. S. (E.N.T.)
Consultant E.N.T.
Chairman Disability Board
Pt. M. M. M. Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi.



Md. Fahad

Office of the Chief Medical Officer, Etawah

CERTIFICATE OF PHYSICALLY HANDICAPPED

Based on Guidelines and gazette Notification Regd. No. DL 33004 / 99 (Extraordinary) Part II, Sec 1 Line 13, 2001 Issued by ministry of social Justice & Empowerment. GOI

1024

Handicap /

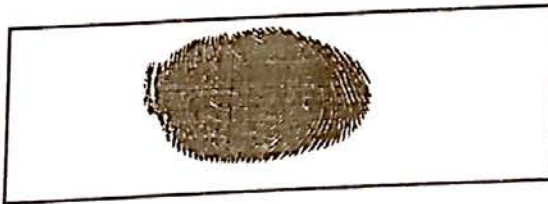
Date 11/02/16

Certified that Shri/Km./Smt. इसरार हुसैन
Aged 17 वर्ष S/o D/o W/o श्री अमवार खान
R/o मो. 33
P.s. कोतवासी - इतवा was examined today at the office of the Chief Medical officer, Etawah at his own request.

On examination it was found that he/she is a case of घृष्ट 6/60
and he/she comes in the category of Physically handicapped Blindness

He/she has got 40% (Fathy) Percent)
Permanent disability/ Impairment in relation to his/her

मैं शपथ पूर्वक ब्यान करता हूँ कि मैंने इससे पूर्व कहीं से भी विकलांगता का कोई प्रमाण पत्र नहीं बनवाया है।



Signature/L.T.I./R.T.I. of



Recent Attested Photograph Showing the disability

एन.डी. चौधरी
E.N. Surgeon
Etawah
Member

एन.डी. चौधरी
E.N. Surgeon
Etawah
Member

मुख्य चिकित्सा अधिकारी
Chief Medical Officer
Etawah
Chairman

इसरार हुसैन

Date: 02-01-2017

Signature of Candidate

नाक कान गला विभाग एवं हेड नेक सर्जरी
DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-29 / ANSARI NAGAR, NEW DELHI-29
DISABILITY CERTIFICATE

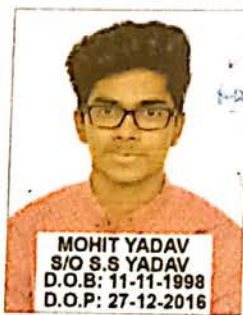
UHD No. 102445593	RUAS No. 3533/16	CI Clinic No.	Reg. No. 2016/09/0056175.
Audiogram No. 4289	Date 20/12/16	RESULT B/L Sensorineural loss	
BERA No. 2481/16	Date 20/12/16	RESULT No significant loss at 705, 60dB HL No significant loss at 60dB HL	

प्रमाण पत्र सं./Certificate No. **611**

1) प्रमाणित किया जाता है कि श्री/श्रीमती/कु./This is certify that Shri/Smt./Kum MOHIT YADAV दिनांक /Date 02/01/17
 पुत्र/पत्नी/पुत्री श्री/ Son/Wife/Daughter of Shri S.S. YADAV आयु / Age 18y
 लिंग/Sex M पहचान का निशान/ Identification mark (s) Nil

निम्न श्रेणी की स्थायी विकलांगता से पीड़ित हैं। Is Suffering from permanent disability of following category

- A. LOCOMOTORS OF CEREBRAL PALSY**
 (i) BL - Both legs attached but not arms
 (ii) BA - Both arms affected
 (a) Impaired reach (b) Weakness of grip
 (iii) BLA - Both legs and both arms affected
 (iv) OL - One leg affected (right or left)
 (a) Impaired reach (b) Weakness of grip (c) Alaxic
 (v) BH - Stiff Back and hip (can not sit or stoop)
 (vi) MW - Muscular weakness and limited physical endurance
- B. BLINDNESS OR LOW VISION**
 (i) B - Blind (ii) PB - Partially Blind
- C. HEARING IMPAIRMENT**
 (i) D - Deaf (ii) PD - Partially Deaf
 (Delete the category whichever is not applicable)



- 2) This condition is progressive / non progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years / months.
- 3) Percentage of disability in his / her case is 93% percent.
- 4) Sh. / Smt. / Kum MOHIT YADAV meets the following physical requirements for discharge of his / her duties.

- | | |
|---|----------|
| (i) F - can perform work by manipulating with figures | Yes / No |
| (ii) PF - can perform work by pulling and pushing | Yes / No |
| (iii) L - can perform work by lifting | Yes / No |
| (iv) KC - can perform work by kneeling and crouching | Yes / No |
| (v) B - can perform work by bending | Yes / No |
| (vi) S - can perform work by setting | Yes / No |
| (vii) ST - can perform work by standing | Yes / No |
| (viii) W - can perform work by walking | Yes / No |
| (ix) SE - can perform work by setting | Yes / No |
| (x) H - can perform work by hearing / speaking | Yes / No |
| (xi) RW - can perform work by reading and writing | Yes / No |

with the help of Amplification

Maobharty
 (श्रवण विशेषज्ञ / Audiologist)
 Name (MAO BHARTIYA)

[Signature]
 (वरिष्ठ रेसिडेंट / Senior Resident)
 Name _____
 Registration No _____

[Signature]
 (सहायक आचार्य/संकाय / Asst. Prof./Faculty)
 Name _____
 Registration No. DMC/R/4218

विकलांग व्यक्ति के हस्ताक्षर / अंगूठे के निशान
 Signature / Thumb impression of disabled person

[Signature]
 (चिकित्सा अधीक्षक/मु.वि.अ. / Medical Superintendent / CMO
 अस्पताल के प्रमुख (सील सहित) / Head of Hospital (with seal)

* जो लागू न हो उसे काट दें / Strike out which is not applicable

Mohit

का संख्या- 201 / तदनाक- 41/07/17

s/Husband Name : SANJAY KUMAR
 / पति का नाम : DILIP KUMAR GUPTA
 Date of Birth : 20/08/1996
 जन्म तिथि :
 4. Sex (Male/Female) : MALE
 लिंग (पुरुष / स्त्री) :
 5. Present Address : SRI RAM PALACE
 वर्तमान पता : BIHARI SAD LANE
 ASHOK RAJPATH
 P.S.- PIRBAHORE P.O.-BANKIPUR, PATNA
 6. Education of Qualification : I.Sc (10+2)
 शैक्षणिक योग्यता :
 7. Monthly Family Income : 12500 (Twelve thousand five hundred only)
 मासिक पारिवारिक आय :
 8. Cast : SC/ST/ OBC/ GEN/ OTHERS
 जाति : अनु० जाति/अनु० जन जाति/पिछड़ा वर्ग/
 अन्य पिछड़ा वर्ग/सामान्य/अन्य
 9. Occupation : N.A.
 पेशा :



06-02-2014



Signature/Thumb impression of Person with Disability / विकलांग व्यक्ति का हस्ताक्षर/अंगूठा का निशान

[Handwritten Signature]

(एस० डी० नारायण)
 सहायक निदेशक, जिला सामाजिक सुरक्षा कोषांग, पटना

DETAILS OF CONCESSIONS PROVIDED
 प्रदान की गई सुविधाओं का विवरण

Sl.No क्रमांक	Date तिथि	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with Seal पदाधिकारी का हस्ताक्षर एवं मुहर

DISABILITY CERTIFICATE

विकलांगता प्रमाण-पत्र

1. Name : SANJAY KUMAR
 नाम :
 2. Nature of Disability : Visual Impairment
 विकलांगता का प्रकार :
 3. Disability Code : VI
 विकलांगता कोड :
 4. Percentage of Disability : 40% (Fourty Percent)
 विकलांगता का प्रतिशत :
 5. Identification Marks : 1. A Black Til below Right Eye.
 पहचान चिह्न : 2. Cut mark on left eyebrow.

4
21/07/17
40%

Fourty Percent
Sanjay

Signature of the Medical Officer with seal

चिकित्सा पदाधिकारी का हस्ताक्षर एवं मुहर

MEMBER.
 MEDICAL BOARD
 RAJENDRA NAGAR
 HOSPITAL PATNA.16

MEMBER.
 MEDICAL BOARD
 RAJENDRA NAGAR
 HOSPITAL PATNA.16

MEMBER.
 MEDICAL BOARD
 RAJENDRA NAGAR
 HOSPITAL PATNA.16

CHAIRMAN
 Medical Board
 Cum
 Deputy Superintendent
 Rajendra Nagar Hospital

17

STANDARD FORMAT OF THE CERTIFICATE

OFFICE OF THE CHIEF MEDICAL OFFICER, BIJNOR

Certificate NO.-M-4/CMO/BJR/

NOT FOR MEDICOLEGAL

Date 26.12.13

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Km. MOHD SAQIB
Son/wife/daughter of shri MOHD SHAKIR
Address SHAHARPURA RATAN SINGH
Age 16 old male/female, Registration No. 2246 is a case of
P.P.D. Low lit

He/She is physically disabled/visual disabled/speech & hearing disabled and has 50% (fifty) percent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her P.P.D. Low lit

- Note : 1. This condition is progressive/non-progressive/likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of months/years.

*Strike out which is not applicable.

[Signature]

[Signature]

[Signature]

(DOCTOR)

Seal

(DOCTOR)

Seal

(DOCTOR)

Seal

Mohd Saqib

Signature/Thumb impression of the patient



Mohd Saqib

[Signature]

CHIEF MEDICAL OFFICER

BIJNOR

Offg. Principal 11/8/14
S.A.H. Sr. Sec. School (S/F)
Jamia Millia Islamia
New Delhi-110025

मुख्य स्वास्थ्य अधिकारी
बिजनौर

Certificate No. 326

Date 14.6.18

OFFICE OF THE CIVIL SURGEON CUM CHIEF MEDICAL OFFICER VAISHALI CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to Certify that Shri, Smt. Kumari Mr. Altaf Raza
S/o, Who, D/o Shri Nasir Mohammed Vill Mohammedpur
Post Parmanandpur P.S. Mahnar Distt Varshali Age 18 Year
old. Registration no. 03/14.6.18 is a case of Pol: flat foot & warty
& weakness both leg
..... He/She is physical/Mentally/Visual/Auditory/Speech Disability and
has (..... 4.5% (..... four five) percent) Permanent Temporary disability.

NOTES: 1. ~~This condition~~ is progressive and likely to improve so Re-assessment is recommended after 2/5 years.
2. Re-assessment is not required.



Signature/Thumb impression
of the patient

Doctor's Signature
[Seal]

Mr. Altaf Raza

M.I. A note on (L) side of nose

Doctor's Signature
[Seal]

Doctor's Signature
[Seal] Board

Counter signed by Medical Superintendent
C.M.O/Head of Hospital Seal
VAISHALI

Mr. Altaf Raza

OFFICE OF THE CHIEF MEDICAL OFFICER, HATHRAS
DISABILITIES CERTIFICATE

Certificate No. 671/2016 Date : 18.10.2016

This is to certified that Shri/Smt/Kum Prakash Prasad
 son/wife/daughter of Shri Prakash Prasad Age 17.4 Sex M
 Address 11/20, G. P. O. Post, Hathras, Dist. Hathras, U.P. Aadhar No. 610202718862
 Mob. No. Identification mark (s).....



is suffering from permanent disability of following category.

(A) Locomotor or cerebral Palsy :

- (i) BL- Both legs affected but not arms.
- (ii) BA- Both arms affected.
 - (a) Impaired reach
 - (b) Weakness or grip
- (iii) BLA- Both Legs and both arms affected
- (iv) OL- One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA- One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH- Stiff back and hips (Can not sit or stood)
- (vii) MW- Muscular weakness and limited physical endurance

(B) Blindness or Low vision:

- (i) B-blind
- (ii) PB- Partially Blind

As per Report of J.N Medical College Aligarh

(C) Hearing impairment :

- (i) D- Deaf
- (ii) PD- Partially Deaf

*with GPO No. SLD 16633 and Report 19632/16-D1
 1910/2016 & C.G. No. G124 and L.E. No. 11/17*

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this of this case is not recommended/is recommended after a period of years months.

3. Percentage of disability in his/her case is 40 percent.

4. Sh./Smt./Km. Prakash Prasad meets the following physical requirements for discharge of his/hor duties :

(i)	F	- can perform work by manipulating with fingers	Yes/No
(ii)	PP	- can perform work by pulling & pushing	Yes/No
(iii)	L	- can perform work by lifting	Yes/No
(iv)	KC	- can perform work by kneeling and crouching	Yes/No
(v)	B	- can perform work by bending	Yes/No
(vi)	S	- can perform work by sitting	Yes/No
(vii)	ST	- can perform work by standing	Yes/No
(viii)	W	- can perform work by walking	Yes/No
(ix)	SE	- can perform work by seeing	Yes/No
(x)	H	- can perform work by hearing/speaking	Yes/No
(xi)	RW	- can perform work by reading and writing	Yes/No

(Dr. [Signature])
 Member
 Medical Board

(Dr. [Signature])
 Member
 Medical Board

(Dr. [Signature])
 Chairperson
 Medical Board

Prakash Prasad

18.10.2016
 Countersigned by the
CHIEF MEDICAL OFFICER
HATHRAS

डिस्ट्रिक्ट के अन्तर्गत जारी..



उत्तर प्रदेश शासन

OFFICE OF THE CHIEF MEDICAL OFFICER
HANDICAP CERTIFICATE IN ACCORDANCE WITH G.O.NO.7/42071 KARMIK-2 DATED MAY
20-1978

Certificate ID: 583186000533
Application No: 181880040001741

Date: 25/04/2018

Name : श्री इरशाद अहमद खान
Age : 19
Father Name : श्री शहीद अली खान
Mother's Name : श्रीमती शाहिदा खातून
Address : 74/सी, मोहल्ला-अंधियारी बाग पोस्ट-गोरखपुर
Village :
District : गोरखपुर



Whose signature/LTI/RTI is given below.

Certify that He/She is a case of Vn RE 6/60, Vn LE 6/36 Cert No- 3118 Dt. 19.03.2018

The Percentage of disability is about 45 %

We certified that He/She is Permanent physically handicapped person

ORTH.SURGEON

PHYSICIAN

EYE SURGEON

E.N.T SURGEON

Sig/LTI/RTI of the candidate



CHIEF MEDICAL OFFICER

Irshad Ahmed Khan

जारी कर्ता केन्द्र : राज नरेन
कुमार, सीएमएस जन सेवा केंद्र
पद: राज नरेन कुमार, केन्द्र प्रभारी
स्थान: 066, गोरखपुर वार्ड न.

RAVINDRA
KUMAR

Digitally Signed
by RAVINDRA
KUMAR
O-Health
Department.

Digitally Signed
CMO
गोरखपुर



उत्तर प्रदेश शासन

कार्यालय उप जिलाधिकारी द्वारा प्रदत्त सामान्य निवास प्रमाण पत्र

जिला गोरखपुर
तहसील गोरखपुर मदन
आवेदन क्र० 171880020152122
प्रमाणपत्र क्र० 583172042641

जारी दिनांक: 15/11/2017

सम्बन्धित लेखपाल की जांच आख्या दिनांक 14/11/2017 के आधार पर एतद् द्वारा प्रमाणित किया जाता है कि

पुत्र/पुत्री
माता का नाम
मकान नम्बर
मोहल्ला
ग्राम
थाना
तहसील
जिला

श्री Irshad Ahmed Khan
श्री Shahid Ali Khan
श्रीमती Shahida Khatoon
74C
Andhiyari Bagh



तिवारीपुर
गोरखपुर मदन
गोरखपुर

उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर 74C ग्राम मोहल्ला Andhiyari Bagh तहसील गोरखपुर मदन, जनपद गोरखपुर उत्तर प्रदेश है।

2. उपर्युक्त की पुष्टि प्रारूप - 1 में आवेदन एवं मत्यापनकर्ता द्वारा उपलब्ध कराई गई सूचना तथा इनमें संतुष्ट हो जाने के उपरान्त अधोहस्ताक्षरी द्वारा उत्तर प्रदेश के इन जनपद का सामान्य निवासी होने विषयक प्रमाण पत्र निर्गत किया जा रहा है।



PANDEY
RAHUL

Digitally Signed by
PANDEY RAHUL O=ALL
INDIA SERVICES,
OU=IAS, C=IN
CN=PANDEY
RAHUL S=UTTAR
PRADESH

सधम अधिकारी/उप जिलाधिकारी
डिजिटल हस्ताक्षरित
गोरखपुर मदन, गोरखपुर
दिनांक: 15/11/2017

यह प्रमाण पत्र इलेक्ट्रॉनिक डिजिटल सिग्नेचर द्वारा वैधानिक किया गया है तथा डिजिटल सिग्नेचर में हस्ताक्षरित है एवम् आवेदक द्वारा स्वयं की जांच इन आरटी के माध्यम से डाउनलोड किया गया है। यह प्रमाण पत्र वेबगाइट <http://edistrict.up.nic.in> पर इसका पहले आवेदन क्र० फिर प्रमाणपत्र क्र० प्रकृत कर, मत्यापित किया जा सकता है।

Irshad Ahmed Khan

11/19/2017, 9:11 PM

F.C.M.O. MUZAFFARNAGAR (U.P.)

Issued by G.S.R. 2 (E) Dated 30th December 2009 (w.e.f. 01.01.2010)
 Date: 21/07/2018
 20/08/2018

DISABILITY CERTIFICATE

Not For Medicolegal



This is to certify that we have carefully examined Shri/Smt./Kum. समीर चौधरी Son/Wife/
 Daughter of सुदीप चौधरी Date of Birth 15-01-1999 Age 19 Years Male/Female
 Permanent resident of House No. / Vill. 281 पैटोवाली गली, मुजफ्फरगढ़ Post Office
सक Teh. मुजफ्फरगढ़ Distt. Muzaffarnagar (U.P.) whose photograph is affixed above,
 and are satisfied that :

(1) (A) He/She is a case of Disability/Disabilities His/Her Extent of percentage physical impairment/disability has been evaluated as per guidelines to be Specified for the disabilities Mentioned below, and shown against the relevant disability in the table below :

Sr. No.	Disability	Affected Body	Diagnosis	Physical/mental disability (%)
1.	Locomotor disability @	Left hand & right	Post Trauma	100%
2.	Low vision/ Blindness	Both eyes	Myopia	
3.	Hearing/ Speech disability			
4.	Mental retardation / illness			

(B) In the light of the above, his / her overall permanent physical / mental impairment as per guidelines is as follows :-
 In figures Percent. In words 100 percent

- (2) This condition is progressive/non progressive/likely to improve/not likely improve
 (3) Reassessment of disability is :
 i) Non necessary,
 ii) Is recommended/after years months, and therefore this certificate shall be valid till DD MM Years
 (4) The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate
पञ्चायत प्रमाण पत्र 925880254942		

M.I.

(Signature/Thumb impression of the person in whose favour disability certificate is issued)

Signature/Thumb impression of the person in Whose favour disability certificate is issued

(5) Signature and seal of the Medical Authority

(Signature and Seal of Member)

Name and Seal of Member

(Signature and Seal of Member)

Name and Seal of Member

(Signature and Seal of Member)

Name and Seal of Member

(Signature and Seal of Chairman)

Name and Seal of Chairman

नोट- इससे पूर्व मैंने अपना विकलांगता प्रमाण पत्र नहीं बनवाया है।

1- Right (L) Shoulder AP
 2- Right (L) Elbow AP

(Signature)
 आवेदक के हस्ताक्षर

UNIQUE DISABILITY ID
Government of India



STATE ID:
N/A
Aadhaar No.
*****4942



Address of the Card Issuing Authority State/District level
Cmo Office, Muzaffarnagar, Uttar Pradesh - 251001



UNIQUE DISABILITY ID
Government of India



नाम / Name
समीर चौधरी
Sameer Choudhary

UD ID
UP0210619990008078

Disability Type
Locomotor Disability

Year of Birth % of Disability
1999 45% (Forty Five Percent)

Date of Issue Valid upto
20/08/2018 Permanent



(P)

[Signature]
Issuing Authority Sign



OFFICE OF THE MEDICAL SUPERINTENDENT
Pt. MADAN MOHAN MALAVIYA HOSPITAL
GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110 017

7732 /Pt.MMMH/31

Dated: 5/2/16

REPORT OF MEDICAL EXAMINATION

IN RESPECT OF SUIT / CASE / FIR NO. 308/14 P.S. Jamia Nagar

IN THE COURT Ms. Madhu Jain

This is to certify that Shri/Smt/Kum. Md. Fahad
S/o Md. Shahid
aged 18 years..... Male/Female with Registration No. 29454..... is a case of
physical disability / ~~visual disability~~ / ~~speech & hearing disability~~ and has
19 % (Nineteen.....) percent permanent (physical impairment /
~~visual impairment~~ / ~~speech & hearing impairment~~) in relation to his / her

Left Foot

This condition is progressive / Non-progressive / Likely to improve / Not likely to improve.
Re-assessment is not recommended / is recommended after a period of

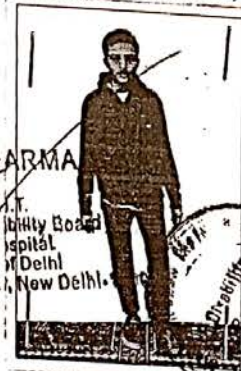
MS
MEMBER
Disability Board
DR. MANISH SHARMA
Specialist and Head
Department of Orthopedics Surgery
Pt. Madan Mohan Malaviya Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi - 110017

AG
MEMBER
Disability Board
DR. ANSHU GOEL
M.D. (Specialist Medicine)
(Reg. No. DMC 6498)
Govt. of NCT of Delhi
Pt. M.M.M. Hospital
Malviya Nagar, New Delhi-17

Dr. S.K. VARMA
MEMBER
M. S. (E.N.T.)
Consultant ENT
Pt. M. M. M. Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi-110017
Recent attested photograph showing disability

Counter signature of Disability Board Chairman
Dr. S.K.Varma, Consultant / ENT
Date: 5/2/16

Dr. S. K. VARMA
M. S. (E.N.T.)
Consultant E.N.T.
Chairman Disability Board
Pt. M. M. M. Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi



Md. Fahad

Office of the Chief Medical Officer, Etawah

CERTIFICATE OF PHYSICALLY HANDICAPPED

Based on Guidelines and gazette Notification Regd. No. DL 33004 / 99 (Extraordinary) Part II, Sec 1 Line 13, 2001 Issued by ministry of social Justice & Empowerment. GOI

1024

Handicap /

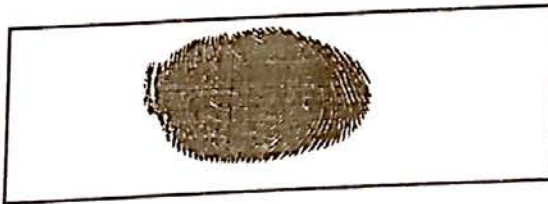
Date 11/02/16

Certified that Shri/Km./Smt. इमशर हुसेन
Aged 17 वर्ष S/o D/o W/o श्री अमवार खान
R/o सी. उड्ड
P.s. कोतवासी - इतवा was examined today at the office of the Chief Medical officer, Etawah at his own request.

On examination it was found that he/she is a case of ^{W.T. 6/60} _{29th 6/24} and he/she comes in the category of Physically handicapped Blindness

He/she has got 40% (Forty) Percent) Permanent disability/ Impairment in relation to his/her

मैं शपथ पूर्वक ब्यान करता हूँ कि मैंने इससे पूर्व कहीं से भी विकलांगता का कोई प्रमाण पत्र नहीं बनवाया है।



Signature/L.T.I./R.T.I. of



Recent Attested Photograph Showing the disability

Dr. Pooja Chaudhary
E.N. Surgeon
Etawah
Member
श्री. पूजा चौधरी
एन. एल. विशेषज्ञ
इतवा

Dr. Anand Kumar
Eye Surgeon
Etawah
Member
श्री. आनंद कुमार
आयुर्विज्ञान विशेषज्ञ
इतवा

Dr. Gajwan Husain
Chief Medical Officer
Etawah
Chairman
मुख्य चिकित्सा अधिकारी
इतवा

Date: 02-01-2017

Signature of Candidate

नाक कान गला विभाग एवं हेड नेक सर्जरी
DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-29 / ANSARI NAGAR, NEW DELHI-29
DISABILITY CERTIFICATE

135/2017/CPD

UHD No. 102445593	RUAS No. 3533/16	CI Clinic No.	Reg. No. 2016/09/0056175.
Audiogram No. 4289	Date 20/12/16	RESULT B/L Sensorineural loss	
BERA No. 2481/16	Date 20/12/16	RESULT No significant loss at 705 Hz No significant loss at 60 dB HL	

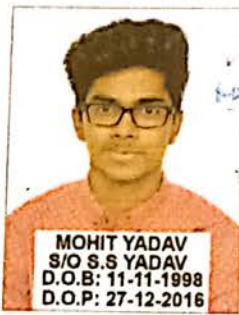
प्रमाण पत्र सं./Certificate No. **611**

1) प्रमाणित किया जाता है कि श्री/श्रीमती/कु./This is certify that Shri/Smt./Kum MOHIT YADAV
पुत्र/पत्नी/पुत्री श्री/ Son/Wife/Daughter of Shri S.S. YADAV आयु/ Age 18y
लिंग/Sex M पहचान का निशान/ Identification mark (s) Nil

दिनांक /Date 02/01/17

निम्न श्रेणी की स्थायी विकलांगता से पीड़ित हैं। Is Suffering from permanent disability of following category

- A. LOCOMOTORS OF CEREBRAL PALSY
 - (i) BL - Both legs attached but not arms
 - (ii) BA - Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (iii) BLA - Both legs and both arms affected
 - (iv) OL - One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Alaxic
 - (v) BH - Stiff Back and hip (can not sit or stoop)
 - (vi) MW - Muscular weakness and limited physical endurance
- B. BLINDNESS OR LOW VISION
 - (i) B - Blind
 - (ii) PB - Partially Blind
- C. HEARING IMPAIRMENT
 - (i) D - Deaf
 - (ii) PD - Partially Deaf



2) This condition is progressive / non progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years / months.

3) Percentage of disability in his / her case is 93% percent.

4) Sh. / Smt. / Kum MOHIT YADAV meets the following physical requirements for discharge of his / her duties.

- (i) F - can perform work by manipulating with figures Yes / No
- (ii) PF - can perform work by pulling and pushing Yes / No
- (iii) L - can perform work by lifting Yes / No
- (iv) KC - can perform work by kneeling and crouching Yes / No
- (v) B - can perform work by bending Yes / No
- (vi) S - can perform work by setting Yes / No
- (vii) ST - can perform work by standing Yes / No
- (viii) W - can perform work by walking Yes / No
- (ix) SE - can perform work by setting Yes / No
- (x) H - can perform work by hearing / speaking Yes / No
- (xi) RW - can perform work by reading and writing Yes / No

with the help of Amplification

Maobhary
(श्रवण विशेषज्ञ / Audiologist)
Name (MAO BHARTIYA)

(वरिष्ठ रेसिडेंट / Senior Resident)
Name _____
Registration No _____

(सहायक आचार्य/संकाय / Asst. Prof./Faculty)
Name _____
Registration No. DMC/R/4218

विकलांग व्यक्ति के हस्ताक्षर / अंगूठे के निशान
Signature / Thumb impression of disabled person

Medical Superintendent
A.I.I.M.S. Ansari Nagar
अस्पताल के प्रमुख (सील सहित) / Head of Hospital (with seal)

प्रतिहस्ताक्षरित / Countersigned by

* जो लागू न हो उसे काट दें / Strike out which is not applicable

Mohit

का संख्या- 201 / तदनाक- 41/07/17

s/Husband Name : SANJAY KUMAR
 / पति का नाम : DILIP KUMAR GUPTA
 Date of Birth : 20/08/1996
 जन्म तिथि :
 4. Sex (Male/Female) : MALE
 लिंग (पुरुष / स्त्री) :
 5. Present Address : SRI RAM PALACE
 वर्तमान पता : BIHARI SAD LANE
 ASHOK RAJPATH
 P.S.- PIRBAHORE P.O.-BANKIPUR, PATNA
 6. Education of Qualification : I.Sc (10+2)
 शैक्षणिक योग्यता :
 7. Monthly Family Income : 12500 (Twelve thousand five hundred only)
 मासिक पारिवारिक आय :
 8. Cast : SC/ST/ OBC/ GEN/ OTHERS
 जाति : अनु० जाति/अनु० जन जाति/पिछड़ा वर्ग/
 अन्य पिछड़ा वर्ग/सामान्य/अन्य
 9. Occupation : N.A.
 पेशा :



Signature/Thumb impression of Person with Disability / विकलांग व्यक्ति का हस्ताक्षर/अंगूठा का निशान

Signature/Thumb impression of Person with Disability / विकलांग व्यक्ति का हस्ताक्षर/अंगूठा का निशान

(एस० डी० नारायण)
 सहायक निदेशक, जिला सामाजिक सुरक्षा कोषांग, पटना

CHAIRMAN
 Medical Board
 Deputy Superintendent
 Rajendra Nagar Hospital
 Patna

DETAILS OF CONCESSIONS PROVIDED
 प्रदान की गई सुविधाओं का विवरण

Sl.No क्रमांक	Date तिथि	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with Seal पदाधिकारी का हस्ताक्षर एवं मुहर

DISABILITY CERTIFICATE

विकलांगता प्रमाण-पत्र

1. Name : SANJAY KUMAR
 नाम :
 2. Nature of Disability : Visual Impairment
 विकलांगता का प्रकार :
 3. Disability Code : VI
 विकलांगता कोड :
 4. Percentage of Disability : 40% (Fourty Percent)
 विकलांगता का प्रतिशत :
 5. Identification Marks : 1. A Black Til below Right Eye.
 पहचान चिह्न : 2. Cut mark on left eyebrow.

4
 21/07/17
 40%

Fourty Percent
 Sanjay K

Signature of the Medical Officer with seal

चिकित्सा पदाधिकारी का हस्ताक्षर एवं मुहर

MEMBER.
 MEDICAL BOARD
 RAJENDRA NAGAR
 HOSPITAL PATNA.16

MEMBER.
 MEDICAL BOARD
 RAJENDRA NAGAR
 HOSPITAL PATNA.16

MEMBER.
 MEDICAL BOARD
 RAJENDRA NAGAR
 HOSPITAL PATNA.16

CHAIRMAN
 Medical Board
 Deputy Superintendent
 Rajendra Nagar Hospital
 Patna

(17)

STANDARD FORMAT OF THE CERTIFICATE

OFFICE OF THE CHIEF MEDICAL OFFICER, BIJNOR

Certificate NO.-M-4/CMO/BJR/

NOT FOR MEDICOLEGAL

Date 26.12.13

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Km. MOHD SAQIB
Son/wife/daughter of shri MOHD SHAKIR
Address SHAHRPURA RATAN SINGH
Age 16 old male/female, Registration No. 2246 is a case of
P.P.D. Low lit

He/She is physically disabled/visual disabled/speech & hearing disabled and has 50% (fifty) percent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her P.P.D. Low lit

- Note : 1. This condition is progressive/non-progressive/likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of months/years.

*Strike out which is not applicable.

[Signature]

[Signature]

[Signature]

(DOCTOR)

Seal

(DOCTOR)

Seal

(DOCTOR)

Seal

Mohd Saqib

Signature/Thumb impression of the patient



Mohd Saqib

[Signature]

CHIEF MEDICAL OFFICER

BIJNOR

Offg. Principal 11/8/14
S.A.H. Sr. Sec. School (S/F)
Jamia Millia Islamia
New Delhi-110025

मुख्य स्वास्थ्य अधिकारी
बिजनौर

223

A7



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Moradabad, Uttar Pradesh



Certificate No.: UP0410619940006524

Date: 21/05/2013

This is to certify that I/We have carefully examined **Shri Alamdar Abbas** Son of Shri **Hilal Husain** Date of Birth **04/07/1994** Age **22 Year(s)** Male, Registration No. **0904/00000/1706/0097611** resident of House No. **Moh. Sadat East Kundarki, Moradabad - 244413** Sub District **Bilari** District **Moradabad** State / UTs **Uttar Pradesh** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **PPRP OF RIGHT LOWER LIMB WITH CONGENITAL OF PHYSICAL DISABILITY OF RIGHT FOOT LEFT LOWER LIMB AND LEFT FOOT (ACCORDING TO THE MOIC BILARI CERT. NO 36/13 DT. 21-05-2013 ON LINEDO**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Moradabad, Uttar Pradesh

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

कार्यालय
मुख्य चिकित्सा अधिकारी
हरदोई [उ० प्र०]

216

26-5-99

विकलांग प्रमाण-पत्र

श्री/श्रीमती/कुमारी... ~~...~~ आयु... ~~...~~ पुत्र/पुत्री/पत्नी
 श्री... ~~...~~ निवासी ग्राम... ~~...~~ "पाली" ~~...~~ "पाली" ~~...~~
~~...~~ ~~...~~ ~~...~~ ~~...~~ ~~...~~ ~~...~~
 हस्ताक्षर/निवासी अंगूठा
 के लिए उपस्थिति हुए।
 इनके नीचे लिखी व्याप्ति है:-

बैथ (bath) (bathing)
 801 (801)

इसके कारण श्री/श्रीमती/कुमारी... ~~...~~ प्रतिशत विकल रूप से अक्षम है। अतः
 विकलांग श्रेणी में अति... ~~...~~

सदस्य— १- आर्योपि... २- मे... ३- ई० ए... ४- अन्य विदोषत

हस्ताक्षर/निवासी अंगूठा
 श्री/श्रीमती/कुमारी... ~~...~~



मुख्य चिकित्सा अधिकारी
 मुख्य चिकित्सा अधिकारी

मुख्य चिकित्सा अधिकारी
 (अध्यक्ष) अधिकारी
 हरदोई (उ० प्र०)

(कुमार आर्ट प्रेस, हरदोई)

30

Office of the Chief Medical Officer

ALIGARH

HANDICAPPED CERTIFICATE

No. E. 4/ 2008 - 2009

Date... 20/5/2008

NOT VALID FOR MEDICOLEGAL PURPOSE

Certified that Shri/Smt/Km.....
S/o, W/o, D/o..... R/o, Mohll, Vill & P.O.

appeared before me today for his/her/medical examination. I examined him/
her found that.....

Dr.....
Orth Surgeon
M.S. Hospital Aligarh

Dr.....
E.N.T. Surgeon
M.S. Hospital Aligarh

Dr.....
Eye Surgeon
M.S. Hospital Aligarh

Sig. L.T.I. & R.T.I.
attested

CHIEF MEDICAL OFFICER
ALIGARH

CHIEF MEDICAL OFFICER
ALIGARH

मुख्य चिकित्सा अधिकारी
अलीगढ़

ह. प्र. नं. 0273... दिनांक 10/6/12 के द्वारा
उपरोक्त व्यक्ति को सही बसों में चिकित्सा
अभियंता एवं एक सदस्य को नियुक्त करके
यात्रा करने की अनुमति प्रदान की जाती है।



10/5/12



UNIQUE DISABILITY ID

Government of India



नाम / Name

गुलमान खान

Gulman Khan

UD ID

UP7310619980015462

Disability Type

Locomotor Disability

Year of Birth

1998

% of Disability

60% (Sixty Percent)

Date of Issue

01/03/2019

Valid upto

Permanent



[Signature]
Issuing Authority Sign

**GOVERNMENT OF RAJASTHAN
MEDICAL & HEALTH DEPARTMENT
MEDICAL BOARD CERTIFICATE
ON PERMANENT DISABILITY**

(Specified in Section 2(B) (e)*1) (n) (o) (q) (r) and (u) on the persons with disability Act. 1995, CH II. of the Person with Disabilities Rules, 1995 Notification of the Govt. of India the Ministry of welfare No. 4-2/83HW III dated 6th August, 1986 and circular No. P 16/5/MH/2/98 dated 30.6.2000 Medical and Health Department Govt. of Rajasthan.

Certificate No. 168/2/1 MCA Date 29/6/18

Name of Hospital : - J.L.N. HOSPITAL, AJMER
DEPARTMENT OF OPHTHALMOLOGY



डॉ. पीर खाल
हर आचार्य
पुण्ड्रिक विद. नेत्र विभाग
ज. ला. ने. चिकित्सालय, अजमेर
रजि. नं.: 12342-RMC

This is to certify that Shri/Shrimati/KU. Taskeen Chishty
Whose particulars are furnished below, is bonafied "Personal with Visual Disability".

PARTICULARS OF THE VISUALLY DISABLED PERSON

FATHER / HUSBAND'S NAME

D/o Syed Fashuddin

GENDER

21 yrs MF

ADDRESS

DV < PL Negative
6/6
Egan

6/312 wali Manzil dargah AJMER

① Mole on Rt side Cheek
② mole on Chin

AGGREGATE PERCENTAGE OF THE PERMANENT DISABILITY

30% (THIRTY)

Chishty
Signature

Ref - Exiscented
Microphthalmos

Thumb Impression of the Disabled Person



Amph...
Member

Chairman

Note: Aforesaid person with disability is eligible to apply for facilities, concession and benefits admissible schemes of the Govt./Non Govt. Organization subject to such condition as the Central or the state Government may impose.

Chishty



OFFICE OF THE MEDICAL SUPERINTENDENT
PT. MADAN MOHAN MALAVIYA HOSPITAL
 GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110 017

No.F.14/59/3700

/Pt.MMMH/1600

Dated : 26/05/2012

CERTIFICATE

FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri Aamir Shamsad
 Sla Uto Dto Shamsad Ahmad
 aged 17 years Male/~~Female~~ with u Registration No. 301308 is a case
 of physical disability / ~~visual disability~~ / ~~speech & hearing disability~~ and has
85 % (Eighty Five percent) permanent (physical impairment / ~~visual~~
~~impairment~~ / ~~speech & hearing impairment~~) in relation to his / her

Both Lower Limbs

This condition is progressive / Non-progressive / Likely to improve / Not likely to improve.
 Re-assessment is not recommended / is recommended after a period of

Joginder Kumar
 MEMBER
 Disability Board
DR. JOGINDER KUMAR
 Senior Resident
 Deptt. of Orthopedics
 Pt. Madan Mohan Malviya Hospital
 Malviya Nagar, New Delhi-17

Anshu Goel
 MEMBER
 Disability Board
Dr. ANSHU GOEL
 Junior Specialist (Medicine)
 Pt. M. M. Malviya Hospital
 Malviya Nagar, Govt. of NCT of Delhi

Sukhvinder Singh Basran
 MEMBER
 Disability Board
Dr. SUKHVINDER SINGH BASRAN
 Department of Orthopedics Surgery
 Pt. Madan Mohan Malviya Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017

Aamir Shamsad
 Signature / Thumb impression of Patient

Recent attested photograph showing disability



S.K. Varma
 M.S. (E.N.T.)
 Consultant ENT
 Chairman Disability Board
 Pt. M. M. Malviya Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017



Counter signature of Disability Board Chairman
Dr. S.K.Varma, Consultant / ENT
 Date : 26/05/2012

VARIFICATION SLIP
Faculty of Engineering and Technology
Jamia Millia Islamia, New Delhi- 25

Date: 11/0/2015

ADMISSION SESSION - 2015-2016

Name of Candidate: ABHINAV SINGH Roll No. B14012832

Category: B. Tech. Branch: CIVIL/Electrical/Mechanical/E & C/ Computer

Category: LOCOMOTOR Date of Birth: 07/12/1995
DIS.

Documents Verified

1. Proof of passing Class-X and Class-XII Exams
2. Percentage in Qualifying Exam: 70.33% (55% in PCM)
3. Proof of Age:
4. Proof of Permanent Address:
 (Voter ID Card, Passport, Driving License, Aadhar Card) as declared in the application from with the name of Police Station and the District.
5. Physical Disability:
 Disability should be 40% or more. Check the sub-category. Relaxation in qualifying exam: 5%
6. Category of Disability B/H/L/V
7. Character Certificate:
 From institution last attended. No Character Certificate required from Jamia Students.
8. Blood Group Certificate:
 Certificate from an M.B.B.S. doctor or a government hospital certifying blood group.
9. Affidavit regarding Intervening: NO
10. Affidavit regarding Ragging:
11. OBC Certificate: NO
12. Admit Card

TLS
M

Comments if any

I want to upgrade my branch

Signature of Candidate
Abhinav Singh

Signature of Verifying Officer
[Signature]
11/0/2015

01:00 P.M.)



in the presence of invigilator)

Admit Card. Candidates will not be
 r) In this admit card, Candidates will
 ve exam.
 desired for the course with regard t
 en choices using Blue/Black ball poi
 or smudging will entail cancellation o
 mission. The candidate will be treat
 mission.

- at least 30-minutes before commencement of the examination. No candidate will be allowed to enter the Examination Hall after 15 minutes of the start of exam.
10. The candidate has to appear at the allotted centre only, failing which his/her candidature will stand cancelled.
 11. No candidate will be permitted to leave the examination centre before the end of exam.
 12. Before leaving the examination hall, the candidate must deposit his/her admit card and OMR response sheet. Failure to do so would result in cancellation of candidature.
 13. The candidate can carry the question paper after conclusion of the examination.
 14. Use of mobile phones, BLUETOOTH or any other communication device or any other electronic gadgets like calculators, etc or any other material inside the examination room is strictly prohibited.

No. ENT/05

Date 18-1-11

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that shri / Smt. / Kum Asim Minhaj
 Son / Wife / Daughter of Shri Mr. Minhajuddin
 Age 44 yr Old male / Female, Registration no. ENT/05
 is a case of Severe S.M. Hearing
impairment

He / She is physically disabled / visual disabled / speech & hearing disabled /and has 90% (Minhaj percent) Permanent (Physical impairment/ Visual impairment / speech & Hearing impairment) in relation to his her hearing impairment.

Note :-

1. This condition is progressive / non- progressive / likely to improve / not likely to improve *
2. Re-assessment is not recommended / is recommended after a period of months / years* (* Strike out which is not applicable)

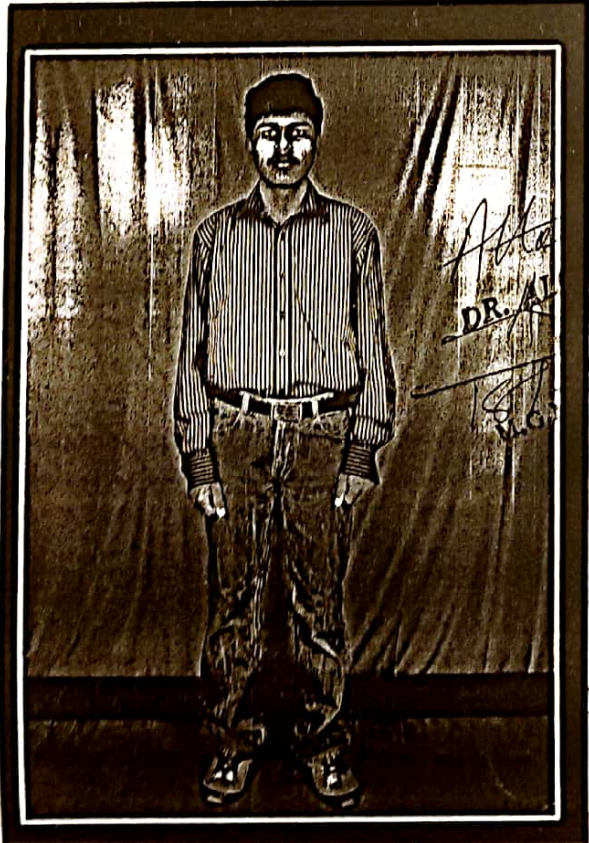
Dr. Ashish K. Sith
 Sd/-
 M.B.B.S., M.D. (Med.)
 Signature & seal
 of Doctor No. 25097/30

Dr. D. S. Verma
 Signature & Seal
 ASSOCIATE PROFESSOR
 U.G.M. MEDICAL COLLEGE
 JAMSHEDPUR

DR. ALOK KUMAR
 M.B.B.S. (ENT.)
 Sd/-
 Signature & seal
 of Doctor
 M.G.M. Medical College & Hospital
 Jamshedpur.

Asim Minhaj
 Signature / Thumb impression
 of patient

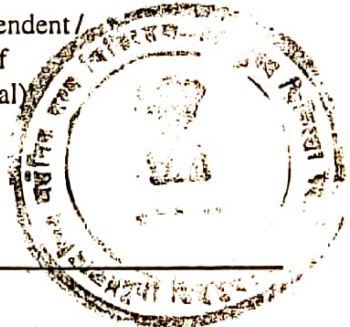
self attested
Asim Minhaj



DR. ALOK KUMAR
 M.B.B.S. (ENT.)
 Sd/-
 Signature & seal
 of Doctor
 M.G.M. Medical College & Hospital
 Jamshedpur.

18.01.11
 असेनिक शल्य चिकित्सक सह-मुख्य
 चिकित्सा पदाधिकारी, पूर्वी सिंहभूम
 जमशेदपुर

Countersigned by the
 Medical Superintendent /
 C.M.O. / Head of
 hospital (with seal)



STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

Certificate No. 99

Date 18/11/09

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smti/Kum. JOB TASUNG

Son/wife/daughter of Shri. OMI PABSON TASUNG

Age 17 old male/female, Registration No. is a case of

PARALYTIK FOOT (Boin) He/she is Physically disabled/visual disabled/speech & hearing disabled and has 60% (Sixty Per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her THE FOOT (Boin)

Note:-

- 1. The condition is progressive/no-progressive/likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of months/years.*

*Strike out which is not applicable.

Signature of Dr. T. Basar (DOCTOR) M.B.B.S M.B. Orthopaedics Surgeon General Hospital Pasighat West Siang Dist, (A.P.)

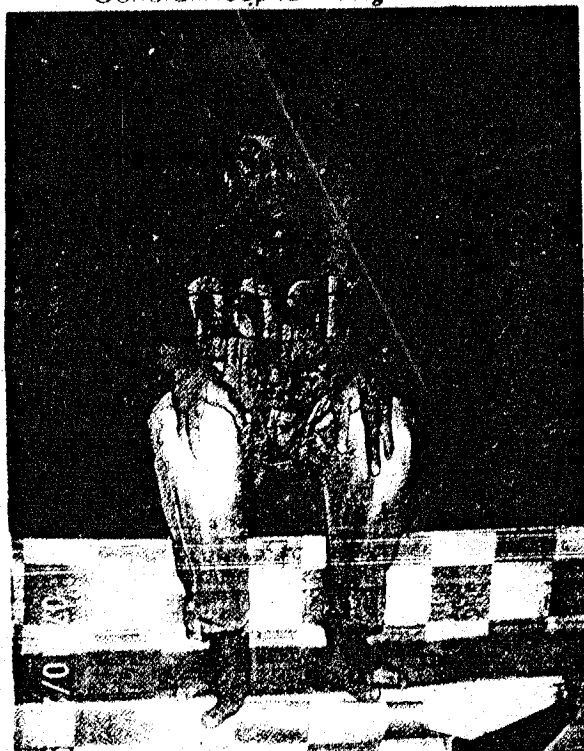
Signature of Eye Specialist (DOCTOR) Seal Eye Specialist General Hospital Pasighat

Signature of Mr. B. Zabe (DOCTOR) Seal Ent Specialist General Hospital Pasighat

Signature/Thumb impression of the patient.



Officer Pasighat (A.P.)



Signature of Medical Superintendent/CMO/Head of Hospital (with seal) Deputy Director of Health Services (Training & Research) Pasighat (A.P.)

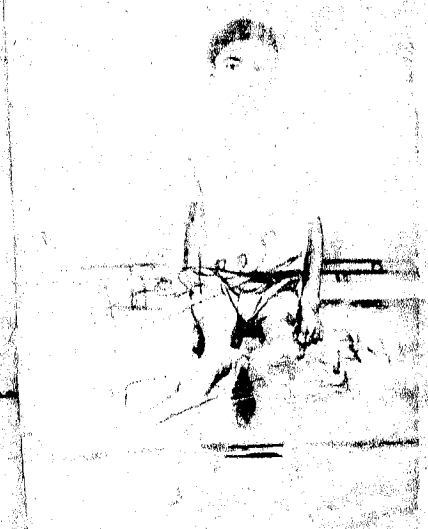
ANNEXURE - 24/
2.2.3

OFFICE OF THE CIVIL SURGEON CUM C.M.O. SAMASTIPUR

MEDICAL CERTIFICATE IN RESPECT OF ORTHOPEDIC DEFECT VISUALLY INDICATED.

CERTIFICATE NO. 5142

CERTIFIED THAT I HAVE EXAMINED THE APPLICANT WHOSE PARTICULARS ARE GIVEN BELOW.



1. NAME OF CANDIDATE Haraj. Rajg.

2. Sex

3. APPROXIMATE AGE 12 yrs.

4. FATHER'S NAME Nasim. Rajg.

5. IDENTIFICATION MARK Dark mark on anatomical wall.

6. NATURE OF DISABILITY Polio residual Paralysis in lower limbs

(b) EXTENT OF DEFORMITY (ESTIMATED IN PERCENTAGE) 70 (Left) P.c.

(c) USE OF APPLICATOR

(d) ANY OPERATION ONE OR INDICATED

(e) ANY OTHER PARTICULARS TO CLARIFY THE NATURE AND EXTENT OF DISABILITY THAT SURGEON MIGHT LIKE TO POINT OUT.

7. ~~HE~~ SHE CAN TRAVEL ~~HE~~ CAN NOT TRAVEL WITHOUT AN ESCORT.

SIGNATURE / THUMB IMPRESSION

OF CANDIDATE.

[Signature]
CHAIRMAN,

SIGNATURE OF AN ORTHOPEDIC SURGEON

[Signature]
M.D. SURGEON SADR HOSPITAL,

SAMASTIPUR.

OFFICE OF THE CIVIL SURGEON CUM C.M.O.

SAMASTIPUR.

[Signature]

परूप-11
नि शक्ततर प्रमाण पत्र

(अंगोच्छेदन या अंगों की पूरी स्थायी अंगघात और अपघन को दशा में)
नियम 8 देखिए

(प्रमाण पत्र जारी करने संबंधी चिकित्सा प्राधिकारी का नाम और पता)

नि शक्त
आकार का
केवल देह

पोर्ट



Medical Officer
Health Centre
Mashrak (Saran)

प्रमाण पत्र संख्या

464

तिथि

19/11/16

यह प्रमाणित किया जाता है कि मैंने श्री/श्रीमती/कुमारी Khushid Alam
 श्री Saimulha Anwar जन्म तिथि 2.7.1997 आयु 19 वर्ष पुरुष/ महिला Male
 रजिस्ट्रेशन नं० मकान नं० वार्ड गॉव गली Bangra Purab Jala
 डाकघर Dumarsan Bangra जिला Saran राज्य Bihar का स्याद

जवासी जिनकी फोटो उपर लगी हुई है की सवधानीपूर्वक जांच कर ली है और मैं संतुष्ट हू कि

(क) यह मामला
चलन संबंधी निशक्तता
नेत्रहीनता का है

old Hip in (L)
scar of operatmi
Limping

(कुपया जो लागू हो उस पर ठीक का निशान लगाएं)
 (ख) उनके मामले में निदान है
 (ग) उन्हे मार्गदर्शिक सिद्धांतों (निर्दिष्ट किया जाना है) के अनुसार उनके (शरीर के अंग)
 के संबंध में प्रतिशत (अंक में) प्रतिशत (शब्दों में) स्थायी
 शारीरिक क्षति नेत्रहीनता है
 आवेदन ने निवास के सबूत के रूप में निम्नलिखित दस्तावेज प्रस्तुत किए हैं

दस्तावेज की प्रकृति	जरी होने की तिथि	प्रमाण पत्र जारी करने वाले प्राधिकारी का व्यौरा
कागजात	7218 3677 7507	Govt 7 Jala

Khushid Alam
 इस व्यक्ति के हस्ताक्षर अंगुठे की छाक जिसके पक्ष
 में नि शक्तता प्रमाण पत्र जारी

Alam
 अधिसूचित चिकित्सा प्राधिकारी के
 प्राधिकारी हस्ताक्षरकर्ता का पता
 Medical Officer in Charge
 Primary Health Centre
 Mashrak (Saran)

Khushid Alam

JAMIA EXECUTIVE INFORMATION

Online Fee Payment System



PAYMENT ACKNOWLEDGMENT

This is to acknowledge the receipt of fee as per the following details:

Transaction Date	06-07-2018 19:37:14
Bank Transaction Reference Number	025665
JMI's Receipt No	2018A03580
Name of the Candidate	KHURSHID ALAM
Name of the Program	Bachelor of Physiotherapy - 1 Yr
Amount (Rs.)	21700.00

Print

STANDARD FORMAT OF THE CERTIFICATE
NAME & ADDRESS OF THE INSTITUTE, Issuing the certificate OFFICE OF
THE CIVIL SURGEON-CUM-CMO, EAST CHAMPARAN,
MOTIHARI(BIHAR)



Certificate No. 1265 / Date 20/8/14

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

Certified that I, Dr. 21210993415
Have this 20-8-14
Day of 20/8/14 examined.

the candidate whose particulars are given below:-

- 1. Name SADQIB NOOR
- 2. Mark of Identification A cut mark on Right Eyebrow
- 3. Sex MALE
- 4. Father's / Husband's Name MD. NURUL HODA
- 5. Approximate Age 14 YEARS
- 6. Address VILLAGE - MAHAMMADPUR P.O - JHITKAHL P.S - PATAH
DISTRICT - EAST CHAMPARAN (BIHAR) PIN - 84542

7. Nature of disability:

- a) Clinical diagnosis As per photo of Sr. Motihari 14351
- b) Brief description of the disability & OPD No 20421 & audigram
- c) Percentage of disability No 314 of DMCH, Dept of
- d) Use of Appliances (if any) 2.8.14
- e) Any operation done or indicated BNT, Deafness, 45%

all papers attached (fourty five)

20/8/14
Eye Surgeon
(Eadar Hospital)
Motihari (Bihar)

Sd
(DOCTOR) 15/8/14
Seal
Civil Assistant Surgeon
Eadar Hospital, Motihari

Sadqib Noor
Signature/Thumb impression of Candidate

Sadqib Noor

M. J. Prasad
Countersigned by the
Medical superintendent/CMO/Head of
Civil Surgeon's Office (with seal)
East Champaran
Motihari

OFFICE OF THE CIVIL SURGEON CUM CHIEF MEDICAL OFFICER, DARBHANGA

25-1-10

Certificate No. 32

Date 25-1-10



CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum Sumi Shikha Jha son/wife/daughter of Shri Dr. Chandra Kishor Jha
 Vill. Vijaya P.O. Vijaya Block Baluhia
 District Darbhanga Age 92 old male/female, Registration No. 92 is a case of lost polio paralytic syndrome
W-pp-2 lower limb He/she is physically disabled/visual disabled/speech & hearing disabled and has 45 % (45 percent) percentage of physical impairment/visual impairment/speech & hearing impairment) in relation to his/her

Signature/Thumb Impression of the Patient
 Note:

[Handwritten signature]

- 1 This condition is progressive/non-progressive/likely to improve/not likely to improve.
- 2 Re-assessment is not recommended/is recommended after a period of months/years.

[Signature]
 Member Orthopedic

[Signature]
 Member Surgeon

[Signature]
 Member Eye

[Signature]
 Member ENT

[Signature]
 Member Medicine

[Signature]
 Civil Surgeon Cum C.M.O. Darbhanga
 Civil Surgeon-cum Chief Medical Officer
 Darbhanga

Office of the Civil Surgeon Cum Chief Medical Officer, Begusarai

Date: 01/08/2014

Certificate No. 779

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum. ABDUR RAHMAN

Son/wife/Daughter of

Shri MANSOOR ALAM

Age 16 Year old Male/Female

Address VILL RATAPUR, PO. ULAD, THANA SINGHAUL, DIST. BEGUSARAI

Registration No. 391 is a case of

He/She/Is Physically disabled/Visual disabled/speech & hearing disabled and has 60% physical visual speech & hearing impairment in relation to his/her disability

Note: 1. This condition is progressive/likely to improve/note likely to improve*

2. Reassessment is to recommended/recommended after a periods of month/yrs.

*strike out which is not applicable

Signature [Signature] With doctor seal Signature Thumb impression of the patient

Signature [Signature] With doctor seal

Signature [Signature] With doctor seal

Countersigned by the Medical Superintendent/CMO/Head of the Hospital with seal



Special BSA Cap Jewar Form No. 2008-09
OFFICE OF THE CHIEF MEDICAL OFFICER, GAUTAM BUDH NAGAR

No: GBN/CMDH-Cap/2008-09

Date: 20/10/19

Not For Court Case

HANDICAP CERTIFICATE IN ACCORDANCE WITH THE
G.O. No. 714/1971-KARMIK-2, DATED 29th MAY 1978

We have examined Sri/Smt./Km. Nayabima

Aged about 11 yrs., son/daughter/wife of Salooni

Resident of Mah. Kamaban Jewar C.B. Nagar

Whose signature/thumb impression is given below. He/She is a case of PIP

having both lower extremities and left upper extremity

We certify that he/she is permanently physically handicapped with 100 percent in
Identification Mark one black mark on left side of nose



(Circular stamp)
GAUTAM BUDH NAGAR

Signature/Thumb Impression
of the Candidate

Attested [Signature]
मुख्य चिकित्सा अधिकारी
गौतम बुद्ध नगर
Chief Medical Officer
GAUTAM BUDH NAGAR

Physician
(Member)

[Signature]
Orthopaedic Surgeon
(Member)

[Signature]
Eye Surgeon
(Member)

[Signature]
ENT Surgeon
(Member)

OFFICE OF THE CHIEF MEDICAL OFFICER, BAREILLY

Certificate No. 2303

Date 4/12/14

DISABILITY CERTIFICATE

This is to certified that Shri/Smt/Kum. Javed Khan son/wife/daughter of
Shri. Naveen Khan Age 14y Sex M identification
mark(s)..... is suffering from permanent disability of following category.

A. Locomotor of cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness or grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness or grip
 - (c) Ataxic
- (v) OA-One arm affected
 - (a) Impaired reach
 - (b) Weakness or grip
 - (c) Ataxic
- (vi) BH-Stiff back and hips (Can not sit or stood)
- (vii) MW-Muscular weakness and limited physical endurance

70% Severe



B. Blindness or Low Vision:

- (i) B - Blind
- (ii) PB - Partially Blind

C. Hearing impaired:

- (i) D - Deaf
- (ii) PD - Partially Deaf

(Delete the category whichever is not applicable)



2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessn of this case is not recommended/is recommended after a period of year.....months.

3. Percentage of disability in his/her case ispercent.

4. Sh./Smt./Kum. meets the following physical requirements discharge of his/her duties

- (i) F- can perform work by manipulating with fingers. Yes/No
- (ii) PP- can perform work by pulling & pushing. Yes/No
- (iii) L- can perform work by lifting. Yes/No
- (iv) KC- can perform work by kneeling and counting. Yes/No
- (v) B- can perform work by bending. Yes/No
- (vi) S- can perform work by sitting. Yes/No
- (vii) ST- can perform work by standing. Yes/No
- (viii) W- can perform work by walking. Yes/No
- (ix) SE- can perform work by seeing. Yes/No
- (x) H- can perform work by hearing/speaking. Yes/No
- (xi) RW- can perform work by reading and writing. Yes/No

(Dr. [Signature])
Member
Medical Board

(Dr. [Signature])
Member
Medical Board

(Dr. [Signature])
Member
Medical Board

Countersigned by the
Chief Medical Officer
(with seal)

*Strike out which is not applicable
*Not valid for medicolegal purpose.



Dated: 06-Dec-10

o.PMR (DC) / 4265

CERTIFICATE FOR THE PHYSICALLY HANDICAPPED PERSON
TO WHOM IT MAY CONCERN

This is to certify that Master Bibin Joseph*****
son of Shri Sh. Sabu Joseph*****
14 Years old, Male PMR OPD No. 11878/2010*****
is a case of Cerebral palsy with spastic paraparesis *****
He is physically handicapped and has Fifty Percent (50%)*****
permanent physical impairment is relation to his Whole body*****

- Note : 1. This condition is not likely to change . Reassessment not recommended
2. The condition is likely to change. Reassessment recommended after 0 years

Dr. L. Sushil Singh
Senior Resident
DEPTT. OF PHYSICAL MED. REHABILITATION
आय.आ.सि., नई दिल्ली-29
A.I.I.M.S., NEW DELHI-29

शरीरमात्रा एवं पुनर्वास विभाग
Dr. Gita Handa
Consultant
DEPTT. OF PHYSICAL MED. REHABILITATION
आय.आ.सि., नई दिल्ली-29
A.I.I.M.S., NEW DELHI-29

Dr. U. Singh
Head of Deptt.
DEPTT. OF PHYSICAL MED. REHABILITATION
आय.आ.सि., नई दिल्ली-29
A.I.I.M.S., NEW DELHI-29

Signature /Thumb impression of the patient



Countersigned by the Medical Superintendent, AIIMS

Dept. of Physical Medicine & Rehabilitation
A.I.I.M.S., New Delhi-29



OFFICE OF THE MEDICAL SUPERINTENDENT
PT. MADAN MOHAN MALAVIYA HOSPITAL
 GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110017

No.F.14/59/ 5-5-52 /Pt.MMMH/ 837

Dated: 28/6/13

C E R T I F I C A T E

FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum.
 3/6 W/o D/o
 aged Male/Female with a Registration No.
 of physical disability / visual disability / speech & hearing disability and has
% (Seventy five percent) permanent (physical impairment / visual
 impairment / speech & hearing impairment) in relation to his / her

Right Upper Limb

This condition is progressive / Non-progressive / Likely to improve / Not likely to improve.
 Re-assessment is not recommended / is recommended after a period of

S.K. Varma
 MEMBER
 Disability Board
 Dr. S.K. VARMA
 Specialist in ENT
 Department of ENT & Head Neck Surgery
 Madan Mohan Malaviya Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017

Anshu Gull
 MEMBER
 Disability Board
 Dr. ANSHU GULL
 Junior Specialist (Medicine)
 Pt. M. M. Malaviya Hospital
 Malviya Nagar, Govt. of NCT of Delhi

Manish Bhatnagar
 MEMBER
 Disability Board
 Dr. MANISH BHATNAGAR
 Jr. Specialist (Surgery)
 Pt. M. M.M. Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017
 Recent attested photograph showing disability

Signature / Thumb impression of Patient
Shri/Smt/Kum.

Counter signature of Disability Board Chairman
 Dr. S.K. Varma, Consultant / ENT

Date: 28/6/13

Dr. S. K. VARMA
 M.S. (E.N.T.)
 Consultant ENT
 Chairman, Disability Board
 Pt. M. M. Malaviya Hospital
 Govt. of NCT of Delhi
 Malviya Nagar, New Delhi-110017

OFFICE OF THE CHIEF MEDICAL OFFICER GHAZIABAD

NO. M-1/H/2014 - 254

Dated: 24/4/14

HANDICAPE CERTIFICATE IN ACCORDANCE WITH G.O.NO.7/42071 KARMIK-2 DATED MAY 20-1978



We examined S/i/Synt. Km. Priya Gupta
Age About 20 year
S/o/D/o/W/o with of Sri. Sanjeev gupta
Resident of A. N. 604 Hindon Hight Apartment
Sector - 4 Vaisali ghaziabad District Ghaziabad.

Whose signature LRTI is given below certificate that He/She is a case of
Paraparesis in ability is abt.
55% (fifty five percent)

The Percentage of disability is about 55% percentage.
We certified that He/She is permanently physically handicapped person.

Priya

[Signatures]
ORTH. SURGEON (MEMBER) PHYSICIAN (MEMBER) EYE SURGEON (MEMBER) E.N.T. SURGEON (MEMBER)

[Signature]
Sig./LTI/RTI of the candidate

[Signature]
मुख्य चिकित्सा अधिकारी
मुंबई
CHIEF MEDICAL OFFICER
GHAZIABAD.



جامعہ ملیہ اسلامیہ
जामिया मिल्लिया इस्लामिया

JAMIA MILLIA ISLAMIA
A CENTRAL UNIVERSITY

Application for PhD/M.Phil

REGISTRATION NO: JMI00149628PH1

PAYMENT ID: JMIS1496280280E

PHD in Department: Department of English
Candidate Name: PREETI MAROTRAO GACCHE

अवेदक का नाम: MAROTRAO GANAPATRAO GACCHE

Father's Name: SUWARNLATA GACCHE

Mother's Name: 9910211727

Father's / Mother's / Spouse (if married) Mobile Number:

पिता / माता का मोबाइल नंबर:

Date of Birth: 14. June .1984

Sex/लिंग: FEMALE

Blood Group: B+

Nationality/राष्ट्रियता: Indian

Religion/धर्म: BUDHIST



Social Category/वर्ग: SC
Kashmiri Migrant? NO
Are you from Jammu and Kashmir? NO
N.C.C. Cadets: NO
N.S.S. Volunteers: NO

Address For Correspondence पत्राचार का पता

Name: PREETI MAROTRAO GACCHE
अवेदक का नाम
Address (पता): ARYABHATTA COLLEGE
BENITO JUAREZ ROAD, ANAND NIKETAN
NEW DELHI
District (जिला): DELHI
State (राज्य): Delhi
Pin (पिन): 110021
Ph. No. with STD Code +91 24110490
Mobile No. (मोबाइल नंबर) (+91) 7042151705
Email rajeevranjan.jnu@gmail.com

Permanent Address स्थायी पता

Guardian's Name (If Applicable)
Address (पता): ARYABHATTA COLLEGE
BENITO JUAREZ ROAD, ANAND NIKETAN
NEW DELHI
District (जिला): DELHI
State (राज्य): Delhi
Pin (पिन): 110021
Ph. No. with STD Code +91 24110490
Fax No. 24110490
Mobile No. (मोबाइल नंबर) (+91) 7042151705

ACADEMIC RECORD

Name of the Examination	Board / University	Year of Passing / Appearing	Subjects (list of subjects)	Marks Obt.	Max Marks	Marks %	CGPA
10th / High School / Equivalent	aurangabad board, maharashtra	2000	Marathi, sanskrit, English, Mathematics, Science, Social Science	583	750	77.73	
12th / Intermediate / Equivalent	Maharashtra State Board of Secondary and Higher Secondary Education, Pune	2002	English, Sanskrit, History, Political Science, Psychology, Economics	503	600	83.83	
Graduation (Bachelor Degree)	Dr. Babasaheb Ambedkar Marathwad University, Aurangabad	2005	English, Political Science, Public Administration	1104	1700	64.94	
Post Graduate	PUNE UNIVERSITY	2007	English			61.30	4.06

Reservation Category PWD - Blindness/low vision

Exempted Category YES

Do you Need Scribe YES

Test Center Preference परीक्षा केन्द्र वरियता

Candidates who have qualified UGC/CSIR NET/ JRF examination or any other equivalent examination conducted by the recognized Governmental Department/ Institute/ Agency/ SLET/ valid GATE Score (with qualifying marks), or having successfully completed regular M.Phil. programme from a recognized university/institution.

Allied Discipline Preference

1st Preference Department of English (602) 3rd Preference Department of Applied Sciences & Humanities (English) (668)
2nd Preference Sarojini Naidu Centre for Women's Studies (647) 4th Preference (0)

M. T. G.

Signature Uploaded by the candidate
अभ्यर्थी द्वारा अपलोडेड
हस्ताक्षर



I am hereby confirmed that I have carefully read the concerned Information Bulletin available on the JMI's Entrance Test Portal (www.jmionline.in) before filling up the Application Form. I hereby solemnly affirm that the information furnished in this Online Application Form is true and correct to the best of my knowledge and belief and no material information has been concealed or suppressed. If any information is found to be false, incorrect or misleading, the Jamia Millia Islamia shall have the authority to cancel my candidature / admission without any further enquiry or notice.

B. J. MEDICAL COLLEGE & SASSOON GENERAL HOSPITALS, PUNE CERTIFICATE OF THE MEDICAL BOARD FOR PERSONS WITH DISABILITIES

NOT FOR COMPENSATION CLAIMS

For general purposes only e.g. employment, special conveyance allowance/scholarships for handicapped persons etc.

Read: 1) Resolution No. FDD/1081/6256591570/CA-13
March 1986 Govt. of Maharashtra, Social Welfare, Mantralaya, Mumbai-1
2) Notification No. 42/81 HW-111/Government of India, Ministry of Social Welfare, Delhi dt. 6th Aug. 1986.



Certificate No. 8317

Date: 25/7/07

This is to certify that Shri./Smt./Kum. Priti Masatrao Aacche

Son/wife/daughter of Shri. _____ age 23 old male/female,
registration No. 859 is a case of Bt Keratitis Sigmodontu

He/She is physically disabled/visually disabled/speech and hearing disabled and has 100 %
(hundred percent) permanent / temporary (physical impairment / visual impairment / speech
and hearing impairment) in relation to his/her _____

He/She is fit/unfit for benefits for persons with disabilities.

Note :-

- 1) This condition is progressive/non-progressive/likely to improve / not likely to improve.
- 2) Reassessment is not recommended/is recommended after a period of _____ months / years.
- 3) Audiogram with photograph is attached with certificate.

Marks of identification :



pt. left thumb imp.

Signature/Thumb Impression
of the patient.

Specialist
Dept. of Ophthalmology, ENT, Ophthalmology,
Surgery / Department of Psychiatry, BJMC, Pune

R.M.O.
Sassoon General Hospital,
Pune.

Medical Superintendent
Sassoon General Hospital,
Pune.

Handwritten signatures and stamps at the bottom of the page, including '1/2/07' and various official marks.



Jamia Millia Islamia, New Delhi
No. of Students Applied/Admitted - Course/Category Wise
For the Session: Jul/2018 - Dec/2018
Department : DEPARTMENT OF ART EDUCATION

Run Date: 06/10/2019

Course : B.F.A (Art Education)(Semester) - I Sem.

Admission Type : Regular

S.No.	Category	Applied			Admitted		
		Male	Female	Total	Male	Female	Total
1	General	45	71	116	2	4	6
2	Jamia	1	9	10	1	1	2
3	PWD (Locomotor/C.P.)	2	0	2	0	0	0
4	Muslim	32	11	43	2	2	4
5	Muslim Women	1	73	74	0	3	3
6	Muslim OBC/Muslim ST	9	14	23	1	2	3
7	PWD (Autism/ Intellectual/SL/MI)	0	1	1	0	0	0
Total:		90	179	269	6	12	18

---End of Report---