

DISABILITY CERTIFICATE

(In cases other than those mentioned in Forms II and III)

PANDIT DINDAYAL UPADHYAY MEDICAL COLLEGE & HOSPITAL

(See Rule 4)

Certificate No. : 5114

Date of issue : 16/01/2014

This is to certify that I have carefully examined .

Shri/Smt./Kum Mahida krushaliben. M.

Son/Wife/Daughter of Shri Madhabhai



Date of Birth (DD/MM/YY) 02/10/2010 Age 03 years,

Registration No. 0018837 permanent resident of House No. _____

Ward/Village/Street vadadi Post Office Rajkot District Rajkot

State Gujarat, whose photograph is affixed above and am satisfied that He/She is a case of Locomotor 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 :

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	e.h.Left/Right/both arms/legs.	<u>Below</u>	<u>60%</u>
2	Low Vision	Single Eyes/Both Eyes	<u>low</u>	<u>(Data)</u>
3	Blindness	Both Eyes	<u>amblyopia</u>	
4	Hearing Impairment	Right/Left/Both Eyes	<u>Back</u>	
5	Mental retardation	Brain		
6	Mental-illness	Brain/Mind		

(Please strike out the disabilities which are not applicable.)

- The above condition is Progressive/Non-Progressive/Likely to improve/Not likely to improve.
- Reassessment of Disability is Not necessary/is recommended /after _____ years _____ months, and therefore this certificate shall be valid till _____
- The applicant has submitted the following document as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing Certificate

Gulj G. D. D. D.
Signature/Thumb Impression of the person in those disability certificate is issued.

Dr. Devang A. Mandana
(Authorised Signatory of notified Medical Authority)
(Name and Seal)
M.S. (Ortho.)
Asst. Prof.
Orthopedics Dept.
P.D.U. Medical College
Rajkot.
Reg. No G-18040