

Form - IV
DISABILITY CERTIFICATE

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

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)

Certificate No. 293

Date 7/8/20



This is certify that I have carefully examined
Shri/Smt./Kum. Geetidevi Raksha Harjivanbhai
son/ wife/ daughter of shri Harjivanbhai of
Birth (DD/MM/YY) 5/4/99 Age 9 Years, male / Female Female
Registration No Permanent resident of House
No Ward / Village / Street Devchandadi Surendranagar Post
Office District S. Nagar State Gujarat 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 evaluted 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	@	(BI) equinus deformity	40% (Party percentage)
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	x		
6	Mental-illness	x		

(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,

or

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

@ - e. g. Left / Right / both arms / legs

- e. g. Single eye / both eyes

£ - e. g. Left / Right

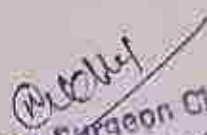
4. The applicant has submitted the following documents as proof residence :-

Nature of Document	Diagnosis	Details of authority issuing certificate
Ration-card	—	Mammetday

(Authorised Signatory of notified Medical Authority)
Name and Seal)

Countersigned

{Countersignature 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
servent (with seal)


Ortho. Surgeon CI-I
M.G.S. General Hospital
SURENDRANAGAR

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

X R H I

Note : in case this certificate is issued by a medical authority who is not a government servent, 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 31th December, 1996