

**Disability Certificate Form-IV**  
(In cases other than those mentioned in Form-III and IIIA)  
Health and Family Welfare Department, Govt.



Certificate No.: **242646**

Date: **03/08/2016**

This is to certify that I have carefully examined  
Shri/Smt./Kum. अक्षकुमार चौधरी / Chaksukumar Dashrathbhai Chaudhari  
son/wife/daughter of Shri दशरथराव

Date of Birth (DD / MM / YYYY) Age 06 Year(s) Male

Registration No. MEH/16/01148715

Address Machhava, Machhava, KHERALU, MAHESANA

whose photograph is affixed above, and am satisfied that he/she is a case of  
Locomotors Disability disability.

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and entered against the relevant disability in the table below:-

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotors Disability	LL - Right	1) Right Hip deformity with shortening	40 (Forty)

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

3. Reassessment of disability is: Necessary  
is recommended/ after 2 years Months, and  
therefore this certificate shall be valid till (DD / MM / YYYY)

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

Nature of Document	Date of issue	Details of authority issuing certificate
Ration Card		Mamlatdar Office Kheralu

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further declare that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

Signature/Thumb impression in whose favour disability certificate is issued

*[Handwritten Signature]*  
**Resident Medical Officer**  
**GENERAL HOSPITAL**  
**Mehsana.**

*[Handwritten Signature]*  
(Authorized 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 private 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.

These principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1974  
**CHIEF DISTRICT MEDICAL OFFICER**

Certificate Issuing Doctor

**CIVIL SURGEON, GENERAL HOSPITAL, MEHSANA** Certificate Issuing Facility