

From-IV  
Disability Certificate  
(In cases other than those mentioned in forms II and III)  
G.M.E.R.S.GENERAL HOSPITAL GANDHINAGAR

(see rule 4)



Certificate No: 699

Date: 17/9/16

This is to certify that I have carefully examined Shri/Smt./Kum. Dhaval Jagdishbhai Parmar  
Son/wife/daughter of Shri Jagdishbhai Kadabhai Parmar  
Date of Birth (DD/MM/YY) 07/12/10 Age 6 years, male/female Male  
Registration No. 16/228699 Permanent resident of House No. 1, Ward, Village /  
Street Bhuteshwari Post office Dehgam District  
Gandhinagar State Gujarat Whose photograph is affixed above, and am  
satisfied that he /she is a case of Permanent 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	Locomotors disability	@	Cerebral Palsy Lower limb Paralysis	75%
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing	&		
5	Mental Retardation	x		
6	Mental - illness	x		

(Please strike out the disabilities which are not applicable)