Print Close

# Disability Certificate Form-II

## (In case of amputation or complete permanent peralysis of limbs and in cases of blindness)

## Health and Family Welfare Department, Govt. of Gujarat

RGEON CLASS - I
ITAL - RAJPIPLA
ADA, REG. NO.

**Certificate No.:** 304766 **Date:** 26/07/2017

This is to certify that I have carefully examined

Shri/Smt./Kum. અનીરુદ્ધસિંહ મોરી / Anirundrshin

son/wife/daughter of Shri જયદિપસિંહ

Date of Birth (DD / MM / YYYY) 30/01/2012 Age 5 Year(s) , Male

Registration No. NRD/17/01207485

ddress Saherav, Sondhaliya NANDOD, NARMADA

whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:

| Sr. No. | Disability | Affected part of Body | Diagnosis | Permanent physical impairment disability (in %) |
|---|---|---|---|---|
| 1 | Locomotors Disability | UL - Right | 1) Phecomelia | 80 (Eighty) |

(A) He/She has 80%(in figure) Eighty

percent (in words) permanent physical impairment/blindness in relation to his/her

UL - Right (part of body) as per guidelines (to be specified).

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

| Nature of Document | Date of issue | Details of authority issuing certificate |
|---|---|---|
| Ration Card | 07/07/2015 | Mamlatdar Nandod |

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state 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

Signature and Seal of the Authorised Signatory of notified Medical Authority

ORTHOPEDIC SURGEON CLASS - I
GENERAL HOSPITAL - RAJPIPLA
DIST. NARMADA, REG. NO.

| Certificate Issuing Doctor | Certificate Issuing Facility |
|---|---|
| 1.Dhruvilkumar Rajbihari Gandhi (G59963 ) | General Hospital, Rajpipla |