

2.2.3 Percentage of differently abled students (Divyangjan) on rolls (current year)

1. Jepar Bhavna Shivaji

Sem 5
"ANNEXURE-A"

G. K. GENERAL HOSPITAL

NOT TO BE PRODUCED IN THE COURT OF LAW BHUJ - 370001. NOT VALID FOR M.L.C PURPOSE
INDIA

Certificate No. 2672105 Date: 24/11/05

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum. Bhavna S. Jepar
son/wife/daughter of Shri Shiraji Deraji Age 84
old male / female, Registration No. 26121 is a case of
AFBent & Deafness He/She is physically disabled / visual
disabled/speech & hearing disabled and has 100% (Hundred
percent) permanent (Physical impairment/visual impairment/speech & hear-
ing impairment) in relation to his / her eyes (Vn & RPL)

Note :-

1. This condition is progressive / non-progressive / likely to improve / not likely to improve*.
2. Re-assessment is not recommended / is recommended after a period of _____ months / years*.

*Strike out which is not applicable.

Meena M. G. G.
Specialist
Opth. / Surgeon / K. I. Grade III
G. K. General Hospital
Bhuj -


[Signature]
Medical Officer
Medical Officer
G. K.

[Signature]
R.M.O. (Residential)
G.K. General Hospital
Bhuj -

Signature/Thumb impression of the patient

Countersigned by the Chairmen and Medical Superintendent / CDMO / Head of Hospital (With Seal)

Recd Photo of the disabled person



2. Katija Madhuben Sardarbhai

Semi

203

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Disability Certificate Form-IV
(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat

Reg. 343/15.



Certificate No.: 132200

Date: 03/02/2015

This is to certify that I have carefully examined

Shri/Smt./Kum. મધુબેન કાતિયા

son/wife/daughter of Shri સરદારભાઈ

Date of Birth (DD / MM / YYYY) 02/05/1997 Age 18 Year(s) Female

Registration No. dhd/15/01036903

Address કાંજિની સરસ્વતી મહુદી યાલોડ જાલોડ (M), ZALOD, DAHOD

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

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

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Blindness	Both Eye	1) Disorders of sclera and cornea in diseases classified elsewhere 2) Chorioretinal disorders in diseases classified elsewhere 3) Other disorders of binocular movement	100 (One Hundred)

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

3. Reassessment of disability is: Not Necessary

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	09/02/2015	Mamlatdar Zalod

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

Katija Madhuben Sardarbhai
(Authorized Signatory of notified Ophthalmological Authority) Programme (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 servant (with seal)}

3. Khant Amitaben Dalpatbhai

પત્રક - ૨

૪૧

અશક્તતાનું પ્રમાણપત્ર

Sem-5

(અં) વિચ્છેદન અથવા હાથ - પગનો કાયમી સંપૂર્ણ શો લકવો અને અંધતાન કિસ્સા (ગેમાં)

શ્રી મહાત્મા ગાંધી સ્મારક જનરલ હોસ્પિટલ, સુરેન્દ્રનગર.

(જુઓ નિયમ- ૪)



તા. ૦૮/૦૮/૨૦૧૨

પ્રમાણપત્રક નંબર : ૧૬ (૦૫૫૫)

તા. ૦૬/૦૮/૨૦૧૨

આથી પ્રમાણિત કરવામાં આવે છે કે અમે શ્રી/શ્રીમતી/કુમાર/કુમારી પ્રા. ર. અમીતાબાઈ કે જે જિલ્લા નાઈ સુરેન્દ્રનગર ના પુત્ર / પુત્રી / પત્ની છે તેમને પ્રાણજીવકની તપાસ કરી છે.

શ્રી પ્રા. ર. ની જન્મતારીખ ૩ / ૨ / ૧૯૬૭ છે, (તરીખ) (મહીનો) (વર્ષ) ઉંમર ૧૫ વર્ષ છે, જાતિ પુરુષ / સ્ત્રી છે.

નોંધણી ક્રમાંક : ૨૧૫૫૩૦૨ છે, કાયમી રહેઠાણ ઘર નંબર ૨૧૫૫૩૦૨ વોર્ડ / ગામ / ફીચું / સુરેન્દ્રનગર પોસ્ટ સુરેન્દ્રનગર જિલ્લો સુરેન્દ્રનગર રાજ્ય ગુજરાત ના તેઓ ર. વાસી છે. તેમનો ફોટો ઉપર લગાવેલ છે અને હું સંતોષ પૂર્વક જણાવું છું કે,

- (અ) તે ન થે જણાવ્યા પ્રમાણેનો કેસ છે :
- હલનર લનની અશક્તતા vision
 - અંધત્ત - દ્રષ્ટિક્ષતિ Both eye :- No ign. Perception
- (બ) તેમને કિસ્સામાં Right eye :- complicated pseudophthalmia + Nystagmus + Corneal opacity નું નિદાન થયેલ છે.
- (ક) માર્ગદર્શનો (સ્વપ્ન તા કરવી)ના આધારે, તેઓ તેમના શરીરના (શરીરના ભાગ-અવયવનું નામ) Left eye :- Anterior Stup pylama + Nystagmus ના પ્રમાણમાં (આંકડામાં) 100 % (શબ્દમાં) Hundred ટકા કાયમી શારીરિક-ક્ષતિ / દ્રષ્ટિક્ષતિ ધર વે છે.
૨. રહેઠાણના પુરાવા તરીકે અરજદારે નીચે જણાવ્યા પ્રમાણેનો દાખલો રજુ કર્યો છે.

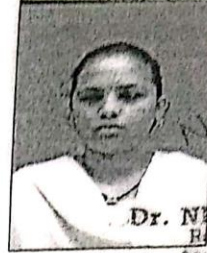
દાખલોનો પ્રકાર	આધ્યાની તારીખ	પ્રમાણપત્ર આપનાર સત્તં ધિકારીની વિગત
રહેઠાણનો પુરાવો		મંગીજી, પ્રકાશ શુભેકા અંબાજી

Dr. E. R. Solanki
૨૧/૦૮/૨૦૧૨

4. Kusrvada Maniben Ramsinbhai

www.abilitygujarat.gov.in/portal/web/

Disability Certificate Form-IV (In cases other than those mentioned in Forms II and III) Health and Family Welfare Department, Govt. of Gujarat



Dr. NEELPA R. GOHIL
Reg. No. G-18716
Assistant Director
Department of Ophthalmology
Shri J. K. Hospital, Gandhinagar,
Amity Gujarat.

Certificate No.: 288154

Date: 12/04/2017

This is to certify that I have carefully examined

Shri/Smt./Kum. મનિબેન રામસિંઘભાઈ / maniben ramsingbhai

son/wife/daughter of Shri રામસિંઘભાઈ

Date of Birth (DD / MM / YYYY) Age 25 Year(s) Female

Registration No. BOT/17/01190635

Address govindjini chali pachhal, parama, gam botad, Botad (M), BOTAD, BOTAD

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

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

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Blindness	Both Eye	1) Other cataract 2) Other disorders of lens	100 (One Hundred)

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

3 Reassessment of disability is: Not Necessary

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		mamltdar office botad

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

[Handwritten signature and thumb impression]

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

[Handwritten signature]

NEELPA R. GOHIL
Reg. No. G-18716

(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 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.

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1966.

Government Eye Hospital-Morbi

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No.GEHM/ 16/17 /20

sem-5

Dt..... 31/5/17

CERTIFICATE FOR VISSUAL HANDICAP Not For MLC or COUT or CLAIM

This is to certify that Mr./Mrs./Miss..... Rekha Amarsevi bu

..... Aged 22 Years has been examined by the
Ophthalmic Surgeon of this Hospital.

1. O.P.D. Case No..... 18777 Dated..... 31/5/17
2. Visual disability Percentage..... 100% Word..... Hundred
3. The Person is totally / ~~partially~~ blind in one eye (RE/LF) both eyes.
4. Purpose for issuing Certificate..... S.T & Railway

Mark of Identification: .

Blue mole over L side of neck

Signature of Left hand thumb impression of

Concerned Person



Name.....

Signature.....

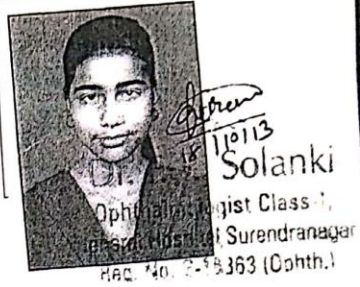
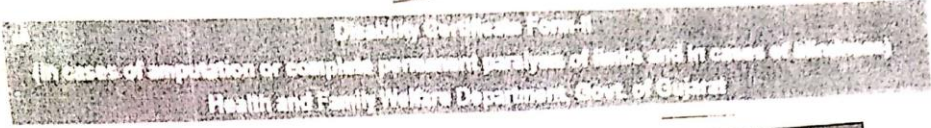
**(Dr. V. C. KATARIYA)
SUPERINTENDENT
GOVT. EYE HOSPITAL
MORBI. Reg.No.G 2168**



6. Pandav Hiralben Bhanubhai

Sem-5

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Certificate No.: 46288

Date: 19/10/2013

This is to certify that I have carefully examined

Shri/Smt./Kum. हिरलदेव पंडव

son/wife/daughter of Shri पंडव

Date of Birth (DD / MM / YYYY) Age 16 Year(s), Female

Registration No. SUN/13/00668405

Address pragna chaxu Mahila sevakuni, Surendranagar Dudhrej, WADHWAN, SURENDRANAGAR

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	Blindness	Both Eye	Postprocedural disorder of eye and adnexa, unspecified	100 (One Hundred)

RE:- Complicated Pseudophakia & Amblyopia
LE:- Phthisis Bulbi

(A) He/She has 100% (in figure) One Hundred

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

Both Eye (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
Residential institution	18/10/2013	Ophthalmic Surgeon, General Hospital, surendranagar

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



Signature and Seal of Authorised Signatory of notified

Dr. F. R. Solanki
Ophthalmologist Class-I
General Hospital, Surendranagar
Reg. No. 8-18363 (Ophth.)

7. Sakariya Vaibhaviben Nagarbhai

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Sem-5

Disability Certificate Form-II
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
Health and Family Welfare Department, Govt. of Gujarat



110113
Solanki
Ophthalmologist Class-I,
Surendranagar
Reg. No. G-18363 (Ophth.)

Certificate No.: 46292

Date: 19/10/2013

This is to certify that I have carefully examined

Shri/Smt./Kum. વૈભવબેન સાકરીયા

son/wife/daughter of Shri સુરભાઈ

Date of Birth (DD / MM / YYYY) Age 14 Year(s), Female

Registration No. SUN/13/00668682

Address Pragna Chaxu Mahila Sevakuni, Surendranagar Dudhrej, WADHWAN, SURENDRANAGAR

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	Blindness	Both Eye	Disorder of eye and adnexa, unsepcified	100 (One Hundred)

(A) He/She has 100% (in figure) One Hundred percent (in words) permanent physical impairment/blindness in relation to his/her Both Eye (part of body) as per guidelines (to be specified).
BE:- Empty socket since birth

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

Nature of Document	Date of issue	Details of authority issuing certificate
Residential institution	18/10/2013	Ophthalmic Surgeon General Hospital, Surendranagar

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
Authorised Signatory of notified
Medical Authority

Dr. F. P. Solanki
18/10/13

Dr. F. P. Solanki
Ophthalmologist, Class-I,
General Hospital, Surendranagar
Reg. No. G-18363 (Ophth.)

8. Satapara Dipali Kantibhai

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Sem-5

<http://www.ability.gujarat.gov.in/portal/web/>

Disability Certificate Form-II
 (In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
 Health and Family Welfare Department, Govt. of Gujarat



Certificate No.: 307338 Date: 23/08/2017

This is to certify that I have carefully examined

Shri/Smt./Kum. દિપાલી સતપરા / Dipali Kantibhai Satapara
 son/wife/daughter of Shri સિરિભાઈ

Date of Birth (DD / MM / YYYY) 17/03/1999 Age 18 Year(s), Female

Registration No. SUN/17/01210696

Address Kumbharpara Sheri No-1, Madhad (Wadhwan), WADHWAN, SURENDRANAGAR

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	Blindness	Both Eye	1) BE COMPLICATED PSEUDOPHAKIA WITH NYSTAGMUS	100 (One Hundred)

(A) He/She has 100%(in figure) One Hundred

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

Both Eye (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
Aadhaar Card		Aadhaar Card (Government of India)

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/Impression in whose favor disability certificate is issued

Dr. J. M. Vesetian
 Signature and Seal of
 Ophthalmologist, CI-1
 Authorized Signatory of notified
 General Hospital, Surendranagar
 Medical Authority
 Reg. No. G-5314 (Ophth.)

Certificate Issuing Doctor	Certificate Issuing Facility
Jayesh Mangaldas Vesetian (G5314)	General Hospital, Surendranagar

9. Vadher Saraswatiben Tulsibhai



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate Issuing Medical Authority, Morbi, Gujarat



Certificate No.: GJ3030219980011538

Date: 02/06/2018

This is to certify that I/We have carefully examined Kum. **Saraswatiben Tulsibhai Vadher** Daughter of Shri **Tulsibhai** Date of Birth **17/10/1998** Age **19 Year(s)** Female, Registration No. **2430/00000/1806/0078894** resident of House No. **Prakashnagar Society - 363641** Sub District **Morbi** District **Morbi** State / UTs **Gujarat** Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Blindness.
(B) The diagnosis in her case is **BE - K'OPACITY + BE - NYSTAGMUS**

(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Morbi, Gujarat
Dr. Pradeep K. Dudhrejiya
Superintendent
General Hospital, Morbi
Reg. No. G-8166

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.



Scanned with
CamScanner

10. Prjapati Kamlesh Valambhai

NOT FOR MLC/INSURANCE PURPOSE

Reg. No. 20 Date 26/10/09
Office of the Civil Surgeon, Surendranagar.

PHYSICAL HANDICAPPED CERTIFICATE

PRAJAPATI

This is to certify that Shri/Smt./Kum. KAMLESH VALAMBHAI of Village Revvliya age 6 yrs. is examined by me vide OPD Case paper No. 10133 date 26/10/09 According to my medical Opinion He/She is Physically handicapped or disable to do work as a common man. His/Her handicap's or disability percentage is 40% FORTY

NOT FOR MLC

- Name of Disease Deformed head & face
- Deformity percentage in words forty
- Mark of Identification (1) mole on
(2) face
- Signature of Candidate [Signature]

Burnt @ DCL

Photograph Space



LT/RI Thumb Impression



26/10/09
1.17.09

Resident Medical Officer

Chief District Medical

CI-1
Resident Medical Officer CL-1
General Hospital
Community Health Centre,
Surangara, 363 310.

Officer cum civil surgeon
Chief District Medical
General Hospital
Surangara, 363 302.
Cum-Civil Surgeon
General Hospital, Surendranagar

Orthopedic Surgeon
General Hospital,

[Signature]
[Signature]
[Signature]
[Signature]



Scanned with
CamScanner

11. Vakla Chanduben Maljibhai

Sem-3

Disability Certificate Form-I
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
Health and Family Welfare Department, Govt. of Gujarat



Dr. J. M. Vesetian
Ophthalmologist CI-1
General Hospital, Surendranagar
Reg. No. G-5314 (Ophth.)

Certificate No.: 94441 Date: 22/08/2014

This is to certify that I have carefully examined

Shri/Smt./Kum. ચંદુબેન વાકલા
son/wife/daughter of Shri મલજીભાઈ

Date of Birth (DD / MM / YYYY) 05/04/2000 Age 14 Year(s) , Female

Registration No. SUN/14/01002816

Address Pragna Chaksu Mahila Seva Kunj Surendranagar, Surendranagar Dudhrej, WADHWAN,
SURENDRANAGAR

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	Blindness	Both Eye	1) Corneal scars and opacities	100 (One Hundred)

(A) He/She has 100%(in figure) One Hundred

percent (in words) permanent physical impairment/blindness in relation to his/her Both Eye (part of body) as per guidelines (to be specified).

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

Nature of Document	Date of issue	Details of authority issuing certificate
Residential institution	22/08/2014	Ophthalmic Surgeon General Hospital, Surendranagar

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 **Dr. J. M. Vesetian**
Ophthalmologist CI-1
General Hospital, Surendranagar
Reg. No. G-5314 (Ophth.)

Certificate Issuing Doctor	Certificate Issuing Facility
Dr. Jayesh Mangaldas Vesetian (G5314)	General Hospital, Surendranagar

12. Dhamal Viral Madharbhai

03/09/2014

http://www.ability.gujarat.gov.in/port...

Print Close

Disability Certificate Form-II
 (In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
 Health and Family Welfare Department, Govt. of Gujarat



Reg. No. 13/14

Certificate No.: 96020

Date: 03/09/2014

This is to certify that I have carefully examined

Shri/Smt./Kum. વિરલવેન ધમલ

son/wife/daughter of Shri મધવજીભાઈ

Date of Birth (DD / MM / YYYY) 12/06/1999 Age 15 Year(s), Female

Registration No. SUN/14/01004630

Address Dr. ambedkar nagar 01 Chuda, Chuda, CHUDA, SURENDRANAGAR

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	Blindness	Both Eye	1) Degeneration of macula and posterior pole	40 (Fourty)

(A) He/She has 40%(in figure) Forty

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

Both Eye (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
Residential institution	26/05/2013	Unique Identification Authority Of India

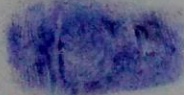
Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from any other department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture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

V. M. Dhamal.

Signature/Thumb impression in whose favour disability certificate is issued
www.ability.gujarat.gov.in/portal/web?

[Signature]
 Superintendent
 General Hospital Limbdi

Signature and Seal of [Signature]
 M.S. (Ophth)
 Regi No. - G-5314,
 Eye Surgeon CI - I,
 General Hospital
 Limbdi-363 421



03/09/2014

<http://www.ability.gov.np>

whose labor disability certificate
is issued

Authorized Signatory of notified
Medical Authority

Certificate Issuing Doctor	Certificate Issuing Facility
1. Jayesh Mangalika (M.B.B.S.)	Government Hospital, Limbadi



13. Abhaybhai Bharatbhai

15/001/0080/03337/06.
NOT FOR MLC/INSURANCE PURPOSE

Reg. No. 222 Date: 16/11/2004
Office of the Civil Surgeon, Surendranagar.

PHYSICAL HANDICAPPED CERTIFICATE

This is to certify that Shri/Smt./Kum. Abhaybhai Bharatbhai of Village Sangar age 5 yrs. is examined by me vide OPD Case paper No. 1336 date 16/11/04. According to my medical Opinion He/She is Physically handicapped or disable to do work as a common man. His/Her handicap's or disability percentage is 75 %

1. Name of Disease CP - Quadraparesis
2. Deformity percentage in words Seventy five
3. Ways of Identification (1) Small feet over
(2) low back
4. Signature of Candidate _____



Ortho. General Hospital, Surendranagar.

LT / RT Thumb Impression



[Signature]
HEAD OF THE OFFICE
Leader Medical Officer
General Hospital,
Surendranagar-363002

[Signature]
Dist. District Medical Officer,
Cum. Civil Surgeon
General Hospital, Surendranagar,
Surendranagar-363002.

[Signature]
Orthopedic - Surgeon
General Hospital,
Surendranagar-363002.

14. Rathod Parasba Devasinh

Sem-1

Reg. No 79

Concession certificate form for orthopaedically handicapped/paraplegic person/patients/mentally retarded person /completely deaf & dumb person



Smt Parasba Rathod whose particulars are furnished below is a **MENTALLY RETARDED PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMPLETELY BLIND PERSON/TOTALLY DEAF & DUMB PERSON ***

Particulars:

- a) Address: At Badaraj Muvada, So Jem Pur
- b) Father's/Husband's Name: Devasinh Rathod
- c) Age: 14 years
- d) Sex: Female
- e) Nature of Handicap: (To be written by doctor whether the disability is temporary or Permanent) As per card 100% Permanent blindness
- f) Signature or thumb impression of the person seeking concession (not necessary for those with both hands missing or non-functional): [Signature]

Place: Ahmedabad
Date: 5/10/16

(Signature of Government Doctor#)

[Signature]
5/10/2016
C.V. Shetty

Clear seal of Government Hospital

Seal containing full name and Regn. No. of the Doctor

Secretary
Blind People's Association
Vastapur, Ahmedabad-15
Bearing Registration No. 2, dated 1.8.1997
Under Section 52 of the Persons with Disability Act, 1995 with the Director of Social Welfare Government of Gujarat
issue certificate for blind.

*Strike out where not applicable.

For blind persons RMP/head of institution for the blind recognized can also issue certificate for blind.

1) The certificate should be issued only to those **ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMPLETELY BLIND PERSON/TOTALLY DEAF & DUMB PERSON**. The photo must be signed and stamped in such a way that doctor's signature and stamp appears partly on the photo and partly on the certificate.

2) For Mentally retarded persons/Completely blind persons/Deaf and dumb persons (both afflictions together), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopaedically/paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability, the certificate will remain valid for (1) five years, in case of persons upto the age of 25 years, (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of the period validity of the certificate, the person is required to obtain a fresh certificate.

TRUE COPY

3) Photocopy of this certificate is accepted for the purpose of grant of concession. The original certificate will have to be produced for inspection at the Office of purchase of concessional ticket and during the journey, if demanded.

4) No alteration in the form is permitted.

શ્રી ડી.યુ. શાહે
સુરેશભાઈ
Blind People's Association
Vastapur, Ahmedabad-15
Bearing Registration No. 2, dated 1.8.1997
Under Section 52 of the Persons with Disability Act, 1995 with the Director of Social Welfare

15. Mavi Minaben Varsingbhai

Sem-1

NOT FOR MLC
NOT FOR INSURANCE

Reg. No. 340 Date : 26/9/07
Office of the Civil Surgeon, Surendranagar.

PHYSICAL HANDICAPPED CERTIFICATE

Mavi Minaben Varsingbhai

This is to certify that Shri/Smt. Kum. _____ of
Village Surendranagar age 10 yrs. is examined by me vide OPD Case
paper No. 8143 date 26/9/07 According to my medical Opinion
He/She is Physically handicapped or disable to do work as a common man.
His/Her handicap's or disability percentage is 100%

VK 9 PL

1. Name of Disease B/B Nystagmus
2. Diagnosis of EYE Surgeon Dr DN Patel
3. Deformity percentage in words Handicapped
4. Mark of Identification (1) Mole above upper lip
(2) _____
5. Signature of Candidate _____
6. Blood group O + ve

Mico Cooro



Dr. Surendra Das
General Hospital
Surendranagar

LT/RT Thumb Impression



gobind
Resident Medical Officer
Resident Medical Officer
(Class-I)
General Hospital
SURENDRANAGAR,
Surendranagar-363 002

Asli
Chief District Medical
Officer cum Civil Surgeon
General Hospital,
Surendranagar-363 002

Dr. Das
Surgeon and
EYE Surgeon
General Hospital
Surendranagar-363 002

TRUE COPY
nl
श्री ३११९००
२६/९/०७

16. Dindod Saritaben Dalsingbhai

①

Sem-1

Disability Certificate Form-II
(In cases of amputation or complete permanent paralysis of limbs)
Health and Family Welfare Department, Govt. of Gujarat



[Signature]

J.S.C. Govt. Hospital
Dahod, Dist. Dahod.

Certificate No.: 149981

Date: 27/05/2015

This is to certify that I have carefully examined

Shri/Smt./Kum. સરીતાબેન ડિંડોડ

son/wife/daughter of Shri દલસિંગભાઈ

Date of Birth (DD / MM / YYYY) 07/08/1997 Age 18 Year(s) , Female

Registration No. DHD/15/01059050

Address at post kharsan, Kharsana, ZALOD, DAHOD

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	Blindness	Both Eye	1) Convergent concomitant strabismus 2) Low vision , both eyes	40 (Fourty)

(A) He/She has 40%(in figure) Forty

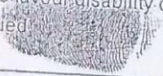
percent (in words) permanent physical impairment/blindness in relation to his/her Both Eye (part of body) as per guidelines (to be specified).

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	25/05/2015	mamlatdar

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]
Signature and Seal of Ophthalmic Surgeon CI-1
Hospital
Dahod
Medical Authority

Certificate Issuing Doctor	Certificate Issuing Facility
1.Abhishek Saburbhai Bhagora (G18583)	Davgadhbaria - T, DAHOD

17. Dafda Shobhnaben Malabhai

THE GAZETTE OF INDIA-EXTRAORDINARY
GENERAL HOSPITAL - AMRELI

Chief District Medical Officer
Cum Civil Surgeon
General Hospital Amreli

Certificate No. 480

Date: 22-09-2011

NOT VALID FOR MLC

CERTIFICATES FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri / Smt / Kum. Dafda Shobhnaben Malabhai
Son / Wife / Daughter of Shri Malabhai Becharbhai Dafda
Age 15 years old male/ Female, Registration no. _____
Is a case of BB: Anophthalmus
He / She is ~~Physically disabled~~ / Visual disabled / ~~Speech & Hearing~~ disabled
And has 100 % (one hundred Percent)
Impairment) in relation to his / her _____

Note :

1. This condition is progressive / non ~~progressive~~ / ~~likely to improve~~ / Not Likely to improve *
2. Re- Assessment is not recommended / ~~is recommended~~ after a period Of _____ month / year*

* Strike out wich is not applicabe.



Dr. Anandhara
Surgeon
1954
120
OPHTHALMIC SURGEON

CLASS - I
GENERAL HOSPITAL - AMRELI.

Signature / Thumb impression
Of the patient

Resident Medical Officer
General Hospital Amreli
RESIDENT MEDICAL OFFICER
GENERAL HOSPITAL AMRELI

Dr. Anandhara
Surgeon
1954
120
OPHTHALMIC SURGEON
CLASS - I
GENERAL HOSPITAL - AMRELI.

Chief District Medical Officer
Cum Civil Surgeon
General Hospital Amreli
Chief District Medical Officer
Cum Civil Surgeon
General Hospital AMRELI

18. Damor Dipikaben Kalsingbhai

Sam-1 605

Disability Certificate Form IV
(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat

Reg. No. 452/15

Certificate No. 125888 Date: 20/01/2015

This is to certify that I have carefully examined
Disability: Mus. B. Kalsingbhai
 a daughter of the applicant

Date of Birth (DD - MM - YYYY) 14/05/1952 Age 62 Years Female

Registration No. 20/01/2015

Address Plot No. 10, Camp, Dhuleji, Gandhinagar
 whose photograph is affixed above, and am satisfied that he/she is a case of
Blindness disability.

Neither extent of permanent physical impairment/disability has been evaluated as per guidelines to be specified, and shown against
 the relevant disability in the table below:-

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / marked disability (in %)
1	Blindness	Both Eye	1) Corneal scars and opacities 2) Disorders of vitreous body and globe in disorders described elsewhere	100 (One Hundred)

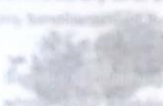
2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve

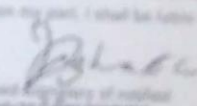
3. Reassessment of disability is Not Necessary

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	12/01/2015	Ward Officer, Dhuleji

Underwriting, 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 inconsistency is detected on my part, I shall be liable to furnish any supplementary information and other action as per law.


 Signature of the applicant in whose name the disability certificate is issued


 (Authorized Signatory of medical Officer)
Ophthalmic Surgeon, Gandhinagar
 Office: 10/12, Dhuleji Hospital, Gandhinagar
 Gandhinagar

(Counter-signature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical officer who is not a government servant (with seal))

Note: In case the certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the District Medical Officer of the District.

Note: The principal rules were published in the Gazette of India vide notification number G.O. 309(E), dated the 31st December, 1956.

Certificate Issuing Doctor	Certificate Issuing Facility
<u>Dr. Dipikaben Kalsingbhai</u>	General Hospital, Dhuleji

27/08

19. Bloch Firdoshbanu S.

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. 599

Date 30-11-16

This is certify that I have carefully examined
Shri/Smt./Kum. Bloch Firdoshbanu
son/ wife/ daughter of shri. Saulidbheni of
Birth (DD/MM/YY) 30-8-99 Age 18 Years, male / Female Female
Registration No. Permanent resident of House
No. Ward / Village / Street Wardhananagar city Post
Office District Solapur State Carabhat 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 evaluated as per guidelines
(to be specified) and is shown against the relevant disability in the table below :-




Dr. H. P. Vyas
Orthopedic Surgeon (C.M.Seb) General Hospital, Surendranagar
Reg.No.: G-46298

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical Impairment / mental disability (in %)
1	Locomotor disability	<u>SPINE @</u>	<u>acromioclavicular kyphosis</u>	<u>40% (featu)</u>
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	x		
6	Mental-illness	x		