

CERTIFICATE OF DISABILITY  
GENERAL HOSPITAL, THIRUVANANTHAPURAM



*[Signature]*  
D. S. ALI  
Junior Consultant (Ophthalmology)  
Thiruvananthapuram

Certificate No. C2-2441/2019/OHT

Date: 15/3/18

This is to certify that we have carefully examined Shri/Smt/Kum. Arunima M.J  
wife/daughter of Shri. Jayasree J age 22 years, male/female Register No. Reg. No: 30056

Permanent resident of Hosue Sree Madhavam Parayadi Poikamukku P.O,  
Elambla - Mudakkal, Avana Vancherry, Topm.

Ward/Village/Street Elambla Post Office Poikamukku District Topm State, whose  
photograph is affixed above, and I am satisfied that

(A) His/her extent of permanent physical impairment/mental disability has been evaluated for the disabilities ticked below, and is shown against the relevant disability in the table below.

Sl. No.	Disability	Affected part of the body	Diagnosis	Disability (%)	IQ
1	Locomotive Disability				
2	Muscular Dystrophy				
3	Leprosy Cured				
4	Dwarfism				
5	Cerebral Palsy				
6	Acid Attack Victim				
7	Low Vision	<i>Both eyes</i>	<i>High Myopia</i>	<i>40%</i>	
8	Blindness		<i>astigmatism</i>		
9	Deaf		<i>amblyopia, RDS,</i>		
10	Hard of Hearing		<i>R/L Pseudophakia</i>	<i>==</i>	
11	Speech and Language Disability				
12	Intellectual Disability				
13	Specific Learning Disability				
14	Autism Spectrum Disorder				
15	Mental Illness				
16	Chronic Neurological Conditions				
17	Multiple Sclerosis				
18	Parkinson's Disease				
19	Haemophilia				
20	Thalassemia				
21	Sickle Cell Disease				



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Neduanganda, Pin: 695307

(B) In the light of the above, his/her over all physical impairment/mental disability as per guideline .....is.....40.....percent (In figures).....Partly.....percent (In words)

2) This condition is progressive/non-progressive/likely to improve/not likely to improve

3) Reassessment of disability is temporary/permanent

(i) not necessary, or (ii) is recommended/after.....years.....months, and therefore this certificate shall be valid till.....

4) The applicant has submitted the following document as proof of residence

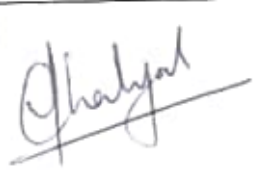

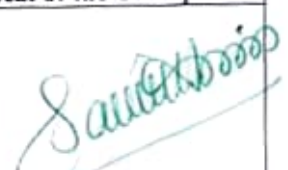
Nature of document	Date of Issue	Details of authority issuing certificate
<u>Aadhar Card</u>	<u>963386481120</u>	<u>UIDAI</u>

Identification Marks:

1) BM below (R) eye.

2) BM on (R) side of neck.

5) Signature and seal of the Medical Authority

Signature, Name and Seal of the member	Signature, Name and Seal of the member	Name, Signature & seal of the Chairperson
		
<b>Dr. AHALYA SUNDARAM</b> Junior Consultant (Ophthalmology) General Hospital, Thiruvananthapuram Reg. No: 30056	<b>DR. G S SREEKUMAR MBBS, D Ortho</b> Consultant in Orthopaedic Surgery Reg No 18905 (Child Surgeon) General Hospital Thiruvananthapuram	<b>CHAIRMAN</b> Medical Board General Hospital Thiruvananthapuram

Aruning

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



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**NAME OF HOSPITAL AND DISTRICT**  
**GENERAL HOSPITAL, THIRUVANANTHAPURAM**

No. CS 2235/2017/GHTDate 17/2/17

**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

Signature of the candidate

U.

Certified that we the members of the Standing Disability Assessment Board at General Hospital, Thiruvananthapuram examined Sri/Smt. Nandhu C.S Son/daughter of Chandran bose  
 Residing at Katturata Puthanveedu, Kudavayal, Kottayam, Perumthoor P.O., Moppichandi village Kezha thoyal  
 Taluk Chilayinkeezham District Thiruvananthapuram and found that  
 he/she is Orthopedicas/ENT/Psychiatry/ Ophthalmic handicapped by (R) Oculonophtitis (L) decreased vision

The Partial/Permanent / Temporary /Disability is 100% (Words Hundred percent)  
 Belongs to MILD/MODERATE/SERVER/TOTAL Category

## Identification Marks

1. Scar Right eyebrow
2. Scar left eyebrow

**BOARD MEMBERS**

Sl.No.	Department	Name, Designation and Register Numbers	Signature
1.	Physiatrist	<b>DR. ARUNA JOHN</b> MBBS,MD, DPMR Reg.No.28948 JR.MEDICAL CONSULTANT IN PMR GENERAL HOSPITAL, TRIVANDRUM	
2.	Orthopaedician	<b>Dr. D. VIJAY MBBS, D.Ortho</b> CONSULTANT ORTHOPAEDICS Health Services Dept. Kerala Reg. No: 21411	
3.	Ophthalmologist	<b>Dr. MAYA DEVI. S. D.O. DNB (Ophthalmology)</b> Consultant in Ophthalmology (Civil Surgeon) Kerala Govt. Health Services Reg. No: 16041	
4.	ENT Surgeon	<b>Dr. USHARANI.B MBBS.DLO</b> Reg. No. 17802 CONSULTANT ENT General Hospital Thiruvananthapuram	
5.	Psychiatrist	<b>Dr. MANI.P MBBS, DPM</b> Reg. No. 40688 Junior Consultant (PSYCHIATRY)	

Mild - Less than 40%  
 Moderate - 40% and above  
 Severe - 75% and above  
 Total - 100% profound



CHAIRMAN  
(SUPERINTENDENT)

Sree Narayana Training College  
Nedunganda, Pin: 695307



PRINCIPAL  
Sree Narayana Training College  
Nedunganda, Pin: 695307



**A.A. RAHIM MEMORIAL DISTRICT HOSPITAL**  
**KOLLAM, KERALA. 0474 - 2742004, FAX : 0474-2**

No: 184

Date: 25/1/2011



**STANDING DISABILITY**

**ASSESSMENT BOARD CERTIFICATE**

Signature of Candidate:

Certified that we the members of the standing Disability Assessment Board at District Hospital, Kollam examined Smt Anjana Varma V

Son-of/ daughter of Dusitpa Varma aged 10 years

residing at Kizhakkalathreede, Pudukkannoor, Perampuzha

Village E/Omballoor Taluk Kollam

District Kollam and found that he/she is

orthopaedics/ENT/Psychiatry/Ophthalmic handicapped by Congenital

Brachial plexopathy - RUL

partial/permanent/Temporary/Disability is 45% (word forty five percent)

belongs to MILD/MODERATE/SEVERE/TOTAL category. (in bracket to the end)

**Identification Marks :-**

1. black mark on (U) upper arm
2. black mark on nape of neck (R) hd.

**BOARD MEMBERS**

Sl. No.	Department	Name Designation & Reg. No.	Signature
1.	Physiatrist (PMR)	Dr. BIPIN. K. MBBS, DPM, MD Jr. Medical Consultant (PMR) Govt. District Hospital, Kollam Kerala Health Services, Reg. No: 26977	
2.	Orthopaedist	Dr. K. B. prathambasam Chief Consultant (ortho)	
3.	Ophthalmologist	Dr. G. SUPRABHA MS(Oph.) DU CONSULTANT (OPHTH.) / CIVIL SURGEON Reg No. 17056(TCMC) AA. RAHIM DIST. HOSPITAL, KOLLAM	 25/01/2011
4.	ENT Surgeon	Dr. P. T. Marthel Reg. No: 11580.	
5.	Psychiatrist	Dr. SAJEEV. A. Jr. Consultant (Psychiatrist)	

Mild - Less than 40%, Moderate-40% and above, Severe - 75% above, Total - 100% profound  
 Kerala Health Services

Chairman



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 Nedunganda, Pin: 695307

DR. S. ...  
 Superintendent  
 (Superintendent)  
 Reg. No. ...





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

## Disability Certificate

Issuing Medical Authority, Thiruvananthapuram, Kerala



Certificate No.: KL1490619970198890

Date: 16/05/2012

This is to certify that I/we have carefully examined Kum. **Aiswarya S**, Daughter of Shri **Sasikumar S**, Date of Birth **10/08/1997**, Age **24**, Female, Registration No. **3214/00000/2107/0183623**, resident of House No. **Vattavva Veedu, Kavalayoor, Kavalayoor P O - 695144**, Sub District **Manamboor**, District **Thiruvananthapuram**, State / UT **Kerala**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Locomotor Disability**

(B) The diagnosis in her case is **CONGENITAL LIMB LENGTH SHORTENING LEFT LOWER LIMB(1/2 INCH)**

(C) She has **40%**(in figure) **Forty** percent(In words) Permanent Disability in relation to her **LEFT LOWER LIMB** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).


The applicant has 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(s)



  
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Issuing Medical Authority, Thiruvananthapuram, Kerala

# TALUK HEAD QUARTERS HOSPITAL, KOTTARAKARA

KERALA HEALTH SERVICES DEPARTMENT  
 CERTIFICATE FOR PERSONS WITH DISABILITIES, BASE ON RPW ACT 2016

Certificate No: 43/2020

Thumb Impression/Signature  
 of Candidate

Adheena



Name	<u>ADHEENA. A.</u>
Age (Date of Birth) & Sex	<u>26yrs, 04-04-1992, Female</u>
Son/Wife/Daughter/Husband of	<u>Ayoob</u>
Residing At	<u>Kodiyil Vesdu</u>
Village	<u>Kannascode, Nilavel</u>
Taluk & District	<u>Kottarakara, Kollam</u>
Ortho/PMR/ENT/Ophthalmic/Pediatric/Medical	
Nature of Handicapped	<u>Retinitis pigmentosa</u> <u>both eyes</u>
Partial/Temporary/Permanent	<u>with optic atrophy</u> <u>permanent</u>
Total Disability Percentage (In number & words)	<u>100%. Hundred percent</u>
Mild/Moderate/Severe/Total	<u>Total</u>
Likely to improve/Not likely to improve/Progressive/Non progressive	<u>not likely to improve</u>
Reassessment at	

ID Marks:

- 1) a black mole on (L) wrist
- 

### BOARD MEMBERS

Sl. No	Department	Name, Designation & Reg. No.	Signature
1.	Physiatrist	Dr. MINJU GEORGE MBS, MD, DNB Junior Consultant PMR Reg. No. 40733	
2.	Orthopaedician	Dr. M. S. S. R. S. R. MBS, DNB Junior Consultant Orthopaedics Reg. No. 40733	
3.	Ophthalmologist	Dr. S. R. MBS, DD, DNB Junior Consultant Ophthalmology Reg. No. 40733	
4.	ENT Surgeon	Dr. Praveen 2/667 Junior Consultant ENT Reg. No. 31174	
5.	Pediatrician/Physician	Dr. Sujithy Menon Junior Consultant Paediatrics Reg. No. 35534	
6.	Audiologist		

"NOT FOR LEGAL PURPOSES"

Place: Kottarakara  
 Date: 28/01/2020



PRINCIPAL  
 Sree Narayana Training College  
 Nedumanda, Pin: 695307

Chairman  
 Superintendent  
 Reg. No. 20216  
 SUPERINTENDENT  
 THOH KOTTARAKARA