

OFFICE OF THE CIVIL SURGEON
Cum Hospital updt. Balaghat (M.P.)
(District Disability Rehabilitation Center)
(INCASE OTHER THEN THOSE MENNTIONED IN FORMS II AND III)

10/07/2020



(डॉ. व. व. शर्मा)
 अतिरिक्त सचिव
 जिला विधिकरण, बलघाट (म.प्र.)

Certificate No. DDRC/3717/2020

This is to certify that I have carefully examined

Shri/Smt/Kum Nisrenadeshmukh

Son/wife/daughter of Shri Basturam

Date of Birth (DD/MM/YY)

10/06/1999 Age 21 years, male/female M

Registration No. 3717

permanent resident of House No. 08

Ward/Village/Street Bomjeotola.

Post Office Mabulchar Block Birga.

District Balaghat State m.p.

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 (..... number and date of issue of the guidelines to be specified) and his shown against the relevant in the table below :-

S. No.	Disability	Affected part body of	Diagnosis	Permanent physical impairment / mental disability (In%)
1	Locomotor disability	@	/	/
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low vision	#	$V_n < \frac{HM}{60} \text{ EPHNE}$ $PL \ominus$ <u>Conver</u> (R)	$V_n < \frac{60}{P_i} \text{ EPHNE}$ $P_i \ominus$ Patient is
7	Blindness		$(R) \text{ } \left(\begin{array}{c} \text{opacities} \\ \text{Vasculasation} \end{array} \right)$ 	Patient is
8	Deaf	€	$(R) \text{ } \left(\begin{array}{c} \text{irregular} \\ \text{eccentric} \end{array} \right)$ 	Ninety percent
9	Hard of Hearing	€	$(R) \text{ } \left(\begin{array}{c} \text{irregular pupil} \\ \text{eccentric} \end{array} \right)$ $(L) \text{ } \left(\begin{array}{c} \text{Conver} \\ \text{surface} \end{array} \right)$	visually (90%)
10	Speech and Language disability		$(L) \text{ } \left(\begin{array}{c} \text{Ptyosis bulbi} \end{array} \right)$	disabled.
11	Intellectual Disability			

12	Specific Learning Disability		
13	Autism Spectrum Disorder		
14	Mental illness/Retardation		
15	Chronic Neurological Conditions		
16	Multiple sclerosis		
17	Parkinson's disease		
18	Haemophilia		
19	Thalassemia		
20	Sickle Cell disease		
21	Dwarfism		

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is:

(i) not necessary, or
(ii) is recommended / after 5 yrs years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)
@ - eg. Left/Right/both arms / legs Patient is Ninety percent (90%) visually disabled.
- eg. Single eye / both eyes
€ - eg. Left / Right / both ears

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

Nature of document	Date of issue	Details of authority issuing certificate
Aadhar No.	378221952104	Govt of India/M.P
Samagra ID	109726974	
Mobile No.	9617526204	

(Authorised Signatory of Dr. V.K. Samant Authority)
आयुर्वेदिक सर्जन डॉ. व. क. सामंत
जिला चिकित्सालय, बालघाट (M.P.)

Countersigned
(Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant (with seal)

निरंज देवसुख

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

Secretary
Dist. Medical Board
Balaghat (M.P.)

Civil Surgeon / President
District Medical Board
Balaghat (M.P.)

Note.- In case this certificate is issued by a medical authority who is not Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District under RPWD Act 2016.