

14380



Form - VI
Certificate of Disability

(In case multiple disability)

[See rule 18(1)]

District Disability Board, Durg (C.G.)



Certificate No: 14380

Date 22/01/2021

This is to certify that I/We have carefully examined

Dist. Hospital, Durg
Reg. No. 7047

Shri/Smt./Ku. Durga Giri

Son/Wife/Daughter of Shri Sanjay Giri

Date of Birth (DD/MM/YY) 02/10/2000

age 20 years, Male/Female registration No. 10/4507

Permanent Resident of -

House No. _____ Ward/Village/Street 07 Saket Nagar

Post Office Supela

District DURG State Chhattisgarh Kurud Road, Kohka

Bhilai

whose photograph is affixed above, and am satisfied that.

(A) He/she is a case of multiple disability. His/Her extent of percentage physical impairment/disability has been evaluated as per guidelines (The Gazette of India, Part-II, Sec 3(i), 61 Dtd/-5th January 2018) for the disabilities ticked below, and is shown against the relevant disability in the table below :-

Sl. No	Disability	Affected part of Body	Diagnosis	Permanent Physical Impairment/mental disability (in %)
01	Locomotor disability	@		
02	Muscular Dystrophy			
03	Leprosy cured			
04	Dwarfness			
05	Cerebral Palsy			
06	Acid Attack Victim			
07	Low Vision	#		
08	Blindness	#		
09	Deaf	E	100% sensorineural profound	91/
10	Hard of Hearing	E	Hearing loss.	(Hearing aid)
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			

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows :-

In figure Percent

In Words Percent

2. The condition is progressive / non progressive / likely to improve / non likely to improve.

3. Reassessment of disability is :

i) Non necessary,

or

ii) is recommended after, 05) FIVE years month, and therefore this certificate shall valid till 21/11/2026 DD/MM/YY 21/11/2026

@ e.g. Left / Right / Both Arm / Legs

e.g. Single Eye


£ e.g. Left / Right / Both Ears

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

Nature of Document	Date of Issue	Details of Authority Issuing Certificate
Aadhaar card No. <u>67423422, 8405</u>	—	Govt. of India

5. Signature and seal of Medical Authority


22/10/21
Dr. A. R. GANVIR
M.B.B.S., D.L.O.
Distt. Hospital, Sonol
Name & Seal of Member


18/02/2021
AUDIOLOGIST
DISTRICT HOSPITAL
DURG (C.G.)
Name & Seal of Member


17/02/2021
District Medical Officer
Distt. Durg
Name & Seal of Chairperson

Signature & Thumb impression of the person in whose favour certificate of disability is issued.



