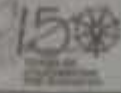


GOVERNMENT OF RAJASTHAN  
DEPARTMENT OF MEDICAL AND HEALTH



Disability Certificate (Form-III)

Certificate No. SAP/2022/1374172

Date: 08-09-2022

This is to certify that I have carefully examined Shri/Smt./Kum. **VINOD KUMAR MEENA** son/ wife/ daughter of Shri **RAMPHOOL MEENA** Date of Birth(DD / MM / YYYY) 20/04/2004 Age 18 years, MALE Registration No SAP/2022/1374172 Permanent resident of HouseNo. **BARWA** Street **WARD 11** Area **BARWA** Village **BARWA** Grampanchayat **BARWA** Panchayatsamiti **BASSI** Tehsil **BASSI** District **JAIPUR** State **RAJASTHAN** whose Photograph is affixed and am satisfied that:



(A) He is a case of Multiple Disability. His extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S.No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability(in %)
1.	HEARING IMPAIRMENT	BOTH EARS	BILATENAL PROFOUND SHNL	85

(B) In the light of the above, his over all permanent physical impairment as per guidelines (to be specified), is as follows :-

1. In figures :- 85 Percent  
In words :- Eighty Five Percent
2. This condition is **NON-PROGRESSIVE** not likely to improved .
3. Reassessment of disability is:  
(i) not necessary , and therefore this certificate shall be valid **PERMANENT**

Signature valid

Digitally signed by **Beta Lal Meena**  
Designation: **MEDICAL OFFICER**  
Date: 2022.09.08 12:54:08 IST  
Reason: Approved  
Location: **JAIPUR**



Note: This is a digitally signed certificate and does not require any physical signature.

राजस्थान सरकार