



Government of Rajasthan

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

Disability Certificate

Issuing Medical Authority, Jaipur, Rajasthan



Certificate No.: RJ1220420040157982

Date: 05/03/2018

This is to certify that I/We have carefully examined Shri **Rahul Chandel** Son of Shri **Kanti Lal Chandel** Date of Birth **30/05/2004** Age **14 Year(s)** Male, Registration No. **0812/00000/1803/0694728** resident of House No. **Murlipura Vidhan Sabha Colony** - Sub District **Jaipur** District **Jaipur** State / UTs **Rajasthan** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Hearing Impairment
(B) The diagnosis in his case is **B/L PROFOUND SNHL**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his (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): -

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Jaipur, Rajasthan

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



GOVERNMENT OF RAJASTHAN

DEPARTMENT OF MEDICAL AND HEALTH

Disability Certificate (Form-IV)

Certificate No.SAP/2017/907346

Date:05/03/2018

This is to certify that I have carefully examined Shri/Smt./Kum. **RAHUL CHANDEL** son/ wife/ daughter of Shri KANTI LAL CHANDEL Date of Birth (DD/MM/YYYY) 30/05/2004 Age 13 years, MALE Registration No SAP/2017/907346 Permanent resident of House no. C 4 A Street VIDHAN SABHA COLONY Area MURLIPURA Landmark MURLIPURA SCHEME Ward WARD NO- 5 City JAIPUR Tehsil JAIPUR 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	B/L PROFOUND SNHL	40

- (B) 2. This above 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 Naroham Sharma
Designation : CHIEF MEDICAL AND
HEALTH OFFICER
Date: 2018.03.05 14:41:18 IST
Reason: Approved
Location: JAIPUR

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