S.P.MUKHERJEE COLLEGE (FOR WOMEN)

PUNJABI BAGH (WEST), NEW DELHI-110026

Strength for Academic Session : 2017-2018
Dated : 17-10-2017

rse	I-YEAR					II-YEAR					III-YEAR					IV-YEAR		
	Gen	SC	ST	OBC	PH	Gen	SC	ST	OBC	PH	Gen	SC	ST	OBC	PH	Gen	SC	S
ROG.)	223	66	1	83	11	210	50	4	52	2	186	47	1	23	0	0	0	0
ROG.) COMP. APPL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ROG.) FCW	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ROG.) FOOD TECH.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H) ECONOMICS	25	0	0	4	0	22	1	0	2	0	18	0	0	1	0	0	0	0
H) ENGLISH	20	9	1	8	0	28	2	0	3	0	20	3	0	5	0	0	0	0
H) HINDI	22	8	1	11	0	27	7	0	11	0	22	6	2	9	0	0	0	0
H) HISTORY	25	6	0	6	0	20	8	1	11	0	30	5	0	9	0	0	0	0
C(H) MATH	27	6	0	11	0	37	2	0	6	0	33	3	0	10	1	0	0	0
H) PHILOSOPHY	37	3	1	8	0	25	7	2	8	0	31	3	1	8	0	0	0	0
H) POL. SC.	55	15	8	29	0	52	17	3	14	0	47	18	1	14	1	0	0	0
(H)APP. PSYCHOLO	24	4	1	4	0	22	2	1	0	0	41	0	0	1	0	0	0	0
(HONS) SANSKRIT	24	12	0	8	0	21	6	0	1	0	21	6	0	0	0	0	0	0
PROG.) MUSIC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OM (HONS)	47	3	0	23	0	42	5	0	15	0	38	8	0	16	0	0	0	0
OM.	49	24	0	58	0	36	14	2	25	0	47	27	0	28	0	0	0	0
D.	24	10	3	13	6	25	9	2	10	2	0	0	0	0	0	0	0	0
L.ED	26	8	4	13	0	23	8	4	11	1	21	6	1	11	0	23	8	4
CHELOR (H)COMMER	0E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHELOR (H)ECONOM	0S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHELOR (H)ENGLISH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHELOR (H)HINDI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHELOR (H)HISTORY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHELOR (H)MATHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHELOR (H) PHIL.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHELOR(H) POL. SC.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C(H) -MATHS	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ECH COMP. SC.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
al :	629	174	20	279	17	590	138	19	169	5	555	132	6	135	2	23	8	4

al :

General	1797
SC	452
ST	49
O.B.C	597
PH	25
	2920

6/Left
11

B.Ed. 4th OBC 14 PH 1

S.P.MUKHERJEE COLLE WOMEN)

PUNJABI BAGH (WEST), NEW 026

nt Strength for Academic Session : 2017-2018
rt Dated : 17-10-2017

se	I-YEAR					II-YEAR					III-YEAR				
	Gen	SC	ST	OBC	PH	Gen	SC	ST	OBC	PH	Gen	SC	ST	OBC	PH
(H) COMP. SC.	44	3	0	12	0	67	2	0	11	0	20	9	0	6	0
	44	3	0	12	0	67	2	0	11	0	20	9	0	6	0

General	131
SC	14
ST	0
.B.C	29
PH	0
	174

17/12/05 2017 19

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029
'FORM -II' MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 834/17 Date : 21/7/17

This is to certify that I have carefully examined Priya Jaiswal

S/W/D/ of Sri Bhuvan Jaiswal D.O.B. (dd/mm/yy) 4/1/1995 Sex: M/F

UHID No. 10291689 Address Dase Pur
Varanasi Uttar Pradesh

Contact Number : 9560929043

whose Photograph and Signature/Thumb impression are affixed.

(Patient's Signature verified by MSSO/Doctor)

Marks of identification: 1. Cut mark on forehead 2.

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

Nature of Document	Date of issue	Details of authority Issuing certificate
Aadhaar Card	—	U.P

I am of the opinion that

(A) He/she is suffering from visual disability of the following category : 0/ I/ II/ III /IV / One eyed

BCVA recorded : Better Eye (R/L) NO PL Worst Eye (R/L) NO PL

(B) Diagnosis in his/her case is RE Pthisical eye LE Pthisical eye

(C) Percentage of disability in his/her case is 100 % Hundred Percent as per guidelines (overleaf).

(D) The condition is progressive / non progressive/ likely to improve/ not likely to improve.

(E) In our assessment the disability is Temporary / Permanent in nature.

(F) Reassessment of the case is not recommended/ Is recommended after a period of _____ years.

Senior Resident, Signature
Name & Seal
Dr. Ruchita

Consultant, Signature
Name & Seal
Dr. Prafulla

Counter Signature of the Medical Superintendent

Note :The certificate is valid for ..... years in cases of temporary disability and validity is permanent in cases of permanent disability/ The criteria of disability is mentioned overleaf.

Disclaimer : This document is a medical report and not a validated proof of age/identity / address.

7/1319 B.A(P)

(Free Form-Not For Sale)

OFFICE OF THE CHIEF MEDICAL OFFICER, VARANASI

Physically Handicapped / Opthalmic / Deaf-Mute / Disabiliy

(PERMANENT) CERTIFICATE IN ACCORDANCE WITH THE G.O. No. 17,-

6 Kari - 2 dated 20th MAY 1970/ (NOT FOR MEDECOLEGAL PURPOSE)

Cahb

No.P.H./Med. Board/VNS/2007/(109) Date. 19-12-2007

C.M.O. : VNS. No.

MEDICAL BOARD

We examined Sri/Smt/Km. कु० संगीता

age about 8 Years S/o, W/o, D/o Sri चमारी राम

R/o ग्राम धूरगहो पो० बघेरा कला जिला वाराणसी उ० प्र०

Whose attested photograph is

affixed below and cerify that he/she is a case of ५ Nil उपरोक्त के

We CERTIFY that he/she ५ ५ belongs to the category of PERMANENT

Physically Handicapped / opthalmic disable / Deaf - Mute / Mentally Desable person.

On the basis of above findings the percentage of disabilty is Hundred (100%)

(५ = belongs/does not belongs)

LTI संगीता

(Signature of Candidate)

ORTHOPEDIC SURGEON
(Member)
19.12.07

19/12/07

EYE SURGEON
(Member)

PRBS
MI

E.N.T. SURGEON
(Member)

PSYCHITRICIAN
(Member)

Chief Medical Officer
Varanasi
(President)

५ &

(५ ५ = Will be filledup only by the Medical Board)

SR-3540/12
17/9/12

तार–मेडिनिस्ट
TELEGRAM - " MEDINST"

डा० राजेन्द्र प्रसाद नेत्रविज्ञान
अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर, नई दिल्ली-११००२९ (भारत)
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029 (India)
Tel. : 6864851-65, 6561123
Fax : 91-011-6852919, 91-011-6862663

Dated : 5/9/12

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Heena age 15 male/female,

S/W/D/ of Kamal Kumar was examined in the RPC

OPD (No 10.9947). He/She was diagnosed to have Ophthalmoplegia both eyes

His/Her best corrected visual acuity in R/E No PL and

L/E No PL

Therefore, he/she is visually handicapped by 100 % (Hundred Percent).

( )
चिकित्सक के हस्ताक्षर, यूनिट
Signature of the Doctor, Unit
Senior Resident
SR Unit III

रोगी के हस्ताक्षर
Signature of the Patient

प्रतिहस्ताक्षरित
COUNTERSIGNED

Dept# 201600500 58291

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 592/16

Date : 14/6/16

This is to certify that Smt/Shri/Kum PUJA KUMARI

M/F/Other Son/Daughter of Shri PANCHA NAND DAS

Signature / Thumb Impression

Date of Birth 12/01/1999 Age 17/F having identification marks as below

1. 2.

Whose photograph is affixed above and has submitted the Identity/Address Proof (PAN CARD/AADHAR/DRIVING LICENCE/RATION CARD) or mention if any other.

Has been diagnosed to have R E / L E ? B/E Retinitis pigmentosa

and is suffering from visual disability of following category :

Blindness or low vision Category 0 / I / II / III / IV / One eyed BCVA Recorded as Better Eye [ ] Worse Eye [ ]

Percentage of disability in his/her case is 100 % hundred percent.

The condition is progressive / non progressive / likely to improve / not likely to improve

In our assessment the disability is Temporary / Permanent in nature.

Reassessment of this case is not recommended / is recommended after a period of years

Signature of Senior Resident	Signature of Faculty Member	Signature of Unit Head
Name Dr. Shabeer B	Name	Name
Registration No.	Registration No.	Registration No.

Place Delhi

Date : 16/6/2016

Counter Signature of the Medical Superintendent

Note : The certificate is valid for years in cases of **temporary** disability and validity is permanent in cases of permanent disability. The criteria of disability is mentioned overleaf.

Disclaimer : This document is a medical report and not a validated proof of age/ identity/ address

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029
'FORM -II' MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 6107/17 Date : 08/6/17

This is to certify that I have carefully examined Pooja kumari

S/W/D/ of Teri Bhuvan Ram D.O.B. (dd/mm/yy) 24/12/96 Sex: M/F

UHID No. 10287632 7 Address L-25 Hauz khas Enclave, new delhi, India

Contact Number : 7800640781

whose Photograph and Signature/Thumb Impression are affixed.

Marks of identification: 1. _____ 2. _____

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

Nature of Document	Date of issue	Details of authority issuing certificate
10th marksheet	17th may 2015	Uttar Pradesh

I am of the opinion that

(A) He/she is suffering from visual disability of the following category : ~~I / II / III~~ (IV) / ~~One eyed~~

BCVA recorded : Better Eye (R/L) No PL Worst Eye (R/L) PL (+)

(B) Diagnosis in his/her case is RE Anophthalmos LE, Advanced leucoma

(C) Percentage of disability in his/her case is 100 % Hundred Percent as per guidelines (overleaf).

(D) The condition is progressive / non progressive/ likely to improve/ not likely to improve.

(E) In our assessment the disability is Temporary / Permanent in nature.

(F) Reassessment of the case is not recommended/ Is recommended after a period of 2 years.

Senior Resident, Signature
Name & Seal Dr Neha Pandey

वरिष्ठ रेजीडेन्ट/Senior Resident
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-29

Consultant, Signature
Name & Seal

डॉ. देवांग आंगमो/Dr. DEWANG ANGMO
सहायक आचार्य/Assistant Professor
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R. P. Centre for Ophthalmic Sciences
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-29

Counter Signed
Naunati Sharma
चिकित्सा अधीक्षक

Counter Signature of the Medical Superintendent
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences

Note :The certificate is valid for ..... years, in cases of temporary disability and validity is permanent in case of permanent disability/ The criteria of disability is mentioned overleaf.

Disclaimer : This document is a medical report and not a validated proof of age/identity / address.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

'FORM -II' MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 612/17 **Date :** 08/06/17

This is to certify that I have carefully examined NAMITA MINJ

S/W/D/ of ALPHONSE MINJ **D.O.B. (dd/mm/yy)** 20-04-1996 **Sex: M/F**

UHID No. 102876292 **Address** L-25, HAUZ KHAS ENCLAVE, DELHI, INDIA

Contact Number : 8527585818

(Patient's Signature verified by MSSO/Doctor)

whose Photograph and Signature/Thumb impression are affixed.

Marks of identification: 1. Cut mark (R) Eye lid **2.** _____

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

Nature of Document	Date of issue	Details of authority Issuing certificate

I am of the opinion that

(A) He/she is suffering from visual disability of the following category :~~0/ I/ II/ III~~ (IV) One eyed

BCVA recorded : Better Eye (R/L) No PL Worst Eye (R/L) No PL

(B) Diagnosis in his/her case is RE Microphthalmic LE Microphthalmic

(C) Percentage of disability in his/her case is 100% Hundred Percent as per guidelines (overleaf).

(D) The condition is progressive / non progressive/ likely to improve/ not likely to improve.

(E) In our assessment the disability is Temporary / Permanent in nature.

(F) Reassessment of the case is not recommended/ Is recommended after a period of _____ years.

Senior Resident, Signature
Name & Seal Dr Nele Komble

वरिष्ठ रेजीडेन्ट/Senior Resident
डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences

Consultant, Signature
Name & Seal
डा. देवांग आंगमो/Dr. DEWANG ANGMO
सहायक आचार्य/Assistant Professor
डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R. P. Centre for Ophthalmic Sciences
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-29

Counter Signed
Nauratshaime
चिकित्सा अधीक्षक
Medical Superintendent
डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences

Counter Signature of the Medical Superintendent

Note :The certificate is valid for ..... years in cases of temporary disability and validity is permanent in cases of permanent disability/ The criteria of disability is mentioned overleaf.

Disclaimer : This document is a medical report and not a validated proof of age/identity / address.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029
'FORM -II' MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 615/17 Date : 06/6/17

This is to certify that I have carefully examined POOJA GUPTA

S/W/D/ of RAM GIRISH GUPTA D.O.B. (dd/mm/yy) 03/09/1998 Sex: M/F

UHID No. 10287630 Address L-25, HAUZ KHAS ENCLAVE, DELHI, INDIA

Contact Number : 8726327752

(Patient's Signature verified by MSSO/Doctor)

whose Photograph and Signature/Thumb impression are affixed.

Marks of identification: 1. Cut mark ⓓ Eye 2. _____

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

Nature of Document	Date of issue	Details of authority Issuing certificate

I am of the opinion that

(A) He/she is suffering from visual disability of the following category : 0/ I/ II/ III (IV) / ~~One eyed~~

BCVA recorded : Better Eye (R/L) No PL Worst Eye (R/L) No PL.

(B) Diagnosis in his/her case is RE Phthisis bulbi LE Absolute eye with cor of

(C) Percentage of disability in his/her case is 100 % Hundred Percent as per guidelines (overleaf).

(D) The condition is progressive / non progressive/ likely to improve/ not likely to improve.

(E) In our assessment the disability is Temporary / Permanent in nature.

(F) Reassessment of the case is not recommended/ Is recommended after a period of _____ years.

Nala

Senior Resident, Signature
Name & Seal Dr Nela Kamby.

Consultant, Signature
Name & Seal

सीनियर रेसिडेन्ट/Senior Resident
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-29

डॉ. देवांग अंगमो/Dr. DEWANG ANGMO
सहायक आचार्य/Assistant Professor
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R. P. Centre for Ophthalmic Sciences
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-29

Counter Signed
Namita Sharma

Counter Signature of the Medical Superintendent

Note :The certificate is valid for ..... years in cases of temporary disability and validity is permanent in cases of permanent disability/ The criteria of disability is mentioned overleaf.

Disclaimer : This document is a medical report and not a validated proof of age/identity / address.

Dept 20160050075862

17/1439

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 146/17

Date : 09/2/17

This is to certify that Smt/Shri/Kum Sharda Devi

M/F/Other Son/Daughter of Shri Ramlal Patel

Signature/ Thumb Impression

Date of Birth 6/11/94 Age 21/F having identification marks as below RTS attached right

1. 2.

Whose photograph is affixed above and has submitted the Identity/Address Proof (PAN CARD/AADHAR/DRIVING LICENCE/RATION CARD) or mention if any other

Has been diagnosed to have R E Blq corgunitor corneal opacity c nystagmus

L E

and is suffering from visual disability of following category :

NO PL NO PL

Blindness or low vision Category 0 / I / II / III / (IV) / One eyed BCVA Recorded as Better Eye ☐ Worse Eye ☐

Percentage of disability in his/her case is 100 % Hundred percent

The condition is progressive / non progressive / likely to improve / not likely to improve

In our assessment the disability is Temporary / Permanent in nature

Reassessment of this case is not recommended / is recommended after a period of years

Signature of Senior Resident	Signature of Faculty Member	Signature of Unit Head
Name Jaideesh	Name	Name
Registration No. MMC-3324	Registration No.	Registration No.

Place Dr. R.P. Centre for Ophthalmic Sciences, A.I.I.M.S., New Delhi-29

Date :

Counter Signature of the Medical Superintendent

Note : The certificate is valid for years in cases of **temporary** disability and validity is permanent in cases of permanent disability. The criteria of disability is mentioned overleaf.

Disclaimer : **This document is a medical report and not a validated proof of age/ identity/ address.**

17/1668 S.No - 2512/12
28/5/12

तार–मेडिनस्ट
TELEGRAM - " MEDINST"

डा0 राजेन्द्र प्रसाद नेत्रविज्ञान केन्द्र
अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर, नई दिल्ली–११००२९ (भारत)
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029
Telephones : 26593029, 26588190
Fax : 91-(o)11 -26588919, 91-(o)-11-26588663

डॉ. एस.एस. गौतम/Dr. S.S. GAUTAM
चि० सं० अधि०/M.S.S.O.
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R. P. Centre for Ophthalmic Sciences
अ.भा.आ.संस्थान, नई दिल्ली-110029
A.I.I.M.S., New Delhi-110029

Dated : 28/5/12

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Priyanka age 15 male/female,
S/W/D/ of Sh Sanjay Kausik was examined in the RPC
OPD (No 134840). He/She was diagnosed to have B/L Optic Atrophy
His/Her best corrected visual acuity in R/E is PL+ 1/60 and
L/E PL+ 1/60

Therefore, he/she is visually handicapped by 100 % (Hundred Percent).

( )
चिकित्सक के हस्ताक्षर, यूनिट
Signature of the Doctor, Unit
Dr. K. Mathew

रोगी के हस्ताक्षर
Signature of the Patient
R/I Attested

डॉ. एस.एस. गौतम/Dr. S.S. GAUTAM
चि० सं० अधि०/M.S.S.O.
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R. P. Centre for Ophthalmic Sciences
अ.भा.आ.संस्थान, नई दिल्ली-110029
A.I.I.M.S., New Delhi-110029

प्रतिहस्ताक्षरित
COUNTERSIGNED
2 6/12

TSR-724002

OFFICE OF THE MEDICAL SUPERINTENDENT

HINDU RAO HOSPITAL

(MUNICIPAL CORPORATION OF DELHI)

No. 92 Dated 11 JAN 2008

MEDICALLY HANDICAPPED CERTIFICATE

Department of _____
(Ortho./ENT/Opthalmology/Other)

This is to certify that patient Shri/Smt./Km. Soni Tanwar

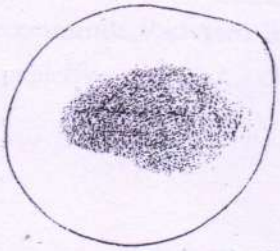
age 12 years son/wife/daughter of Shri Jagat Narayan

OPD/MRD No. Eye 1585 whose specimen signature is given below is suffering

from B/L Microphthalmia + Nystagmus : Vn NIL B/Eye,

His/Her disability is 100 % (in percentage). It is, therefore,

recommended/advised that he/she may be considered as a candidate for the benefits of ~~partially~~ completely visually handicapped person.



R.T.I. attested 11-1-2008

Dr. [illegible] M.S.
Eye Surgeon
Hindu Rao Hospital, Delhi-7.

Signature of Medical Officer
with seal

(Signature of the patient)

Countersigned

Medical Superintendent
Hindu Rao Hospital, Delhi

M.P. (C.L.)—Job 909—5,000—2-11-2007—www.mcdonline.gov.in

OFFICE OF THE MEDICAL SUPERINTENDENT
HINDU RAO HOSPITAL
(MUNICIPAL CORPORATION OF DELHI)

No. 1417 Dated 5/6/2009

MEDICALLY HANDICAPPED CERTIFICATE

1.

Department of E.N.T. (Ortho./ENT/Opthalmology/Other)

This is to certify that patient Shri/Smt./Km. Sujata S

age 30 F years son/wife/daughter of Shri S/o K. Vijk. Chaudhary.

OPD/MRD No. I-36137 whose specimen signature is given below is suffering

from b/l Retinitis Pigmentosa VN < 1/60 HMCF

His/Her disability is 100% (in percentage). It is, therefore, recommended/advised that he/she may be considered as a candidate for the benefits of partially/ completely visually handicapped person.

Signature of Medical Officer with seal

Bhowdhury 5/6/09

DR. BITHI CHOWDHURY
M.B.B.S. D.N.B.(O)
E.N.T. Specialist
Hindu Rao Hospital, Delhi

(Signature of the patient)

Countersigned

Medical Superintendent
Hindu Rao Hospital, Delhi

Addl. Medical Superintendent
Hindu Rao Hospital Delhi-7

M.P. (C.L.)—Job 247—5000—20-6-2008—www.mcdonline.gov.in

GURU GOVIND SINGH GOVT. HOSPITAL
(GOVT. OF N.C.T.OF DELHI)
RAGHUBIR NAGAR, NEW DELHI 110027

RTIFICATE NO. 2700/11/Camp DATED 27 SEP 2011

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Miss.sabreena Age 14 Years /Female, D/o Sh. Md. Naseem Khan Resident of Plot No-8, Kh- No-139, Gali No-21, Block-A Kirari Suleman Nagar New Delhi. is a case of P.P.R.P. Left lower limb. She is physically disabled and has 71% (seventy one percent) Permanent physically disability in relation to her left lower limb.

Note:-

1. This Condition is ~~progressive~~/non-progressive/~~likely to improve~~/not likely to improve.
2. Re-assessment is not recommended/~~recommended after a period of .....months/years~~.

- **Strike out which is not applicable.**

MEMBER

Dr. NARESH CHANDER
Specialist & Ex-Casualty Medical Officer
Guru Gobind Singh Govt. Hospital
Govt. of N.C.T. of Delhi
Raghubir Nagar, New Delhi-110027

Sabreena.

Signature/ Thumb impression of the patient

16/9/11

Staff Surgeon
vind Singh Govt. Hospital
Nagar New Delhi-110027

Sabreena.

17.9.11

Counter Signed by the Medical Superintendent/ CMO/ Head of the Hospital (With Seal)

Medical Superintendent
Guru Gobind Singh Govt. Hospital
Govt. of Delhi
Raghubir Nagar, New Delhi-27

OFFICE OF THE MEDICAL SUPERINTENDENT

DEEN DAYAL UPADHYAY HOSPITAL
GOVT. OF N.C.T. OF DELHI
HARI NAGAR, NEW DELHI – 110064
(011-25494401 – 08)
Medical Board

No.F.1 (1)/DDU/MB/2012/4511 Dated: 30/July/2013.

DISABILITY CERTIFICATE

This is to certify that *Pooja Sharawat* Aged13 *years*, Sex *Female D/o Sh. Narender Singh* Resident of *H.No. D-359 Street No-57 Mahavir Enclave Prat 3 New Delhi 59.* Whose specimen signature is given below is suffering from *Case Of Dorsal Scoliosiswith Permanent Physical Disability of 42% (Forty Two Percent) in relation to whole Spine.*

This disability is *Permanent* in nature. It is recommended/advised that he/she may be given benefits as per rule.

Pooja Sharawat
(L) Thumb Impression / Signature of patient

Specialist / Medical Officer
Member
DR. K.K. KUMRA
Chief Medical Officer
Ortho Deptt. D.D.U. Hospital
Hari Nagar, N. Delhi-64

Specialist / Medical Officer
Member
Senior Resident
Department
Hospital
Delhi-64

Savita

Medical Superintendent
Medical Supdt.
Dean Dayal Upadhayay Hospital
Govt. of NCT of Delhi
Hari Nagar, New Delhi-110064

Chairman of Medical Board
Dr. ANIL KUMAR GARG
Chairman Medical Board
Hospital
Delhi-64

Self attested
Pooja Sharawat

Gen
16/1337

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
LAL BAHADUR SHASTRI HOSPITAL, KHICHRIPUR, DELHI-110091

Certificate No. LBSH/Ortho/2011 Date 20.1.2011

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

THIS IS TO CERTIFY THAT SH. / SMT. / KM. विजय कुमारी
S/O, W/O, D/O श्री रघु राम ..... AGE 13 YRS OLD MALE/ FEMALE, REGISTRATION NO. 3599052/22/10/11 IS A CASE OF Congenital Hypoplasia (R) lower limb & absent (R) fibula & lat two toes HE/ SHE IS PHYSICALLY DISABLE / VISUAL DISABLE / SPEECH & HEARING DISABLE AND HAS 54% (fifty four %) PERMANENT (PHYSICAL IMPAIRMENT / VISUAL IMPAIRMENT / SPEECH & HEARING IMPAIRMENT) IN RELATION TO HIS/ HER (R) lower limb.

Note: -

1. This condition is progressive / non progressive / likely to improve / not likely to improve*
2. Re-assessment is not recommended/ is recommended after a period of ——— month year.*

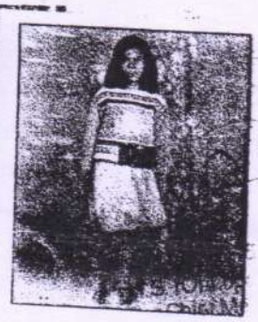
*strike out which is not applicable

(Doctor)
Seal
Dr. BIMOD KALITA,
Jr. Spl. (Ortho).,
Regd. No. MCI: 11090;
L. B. S. Hospital,
Khichripur, Delhi.

(Doctor)
Dr. RITA A
Sr. Spl. (Eye.) Seal
Regd. No. MCI: 2149.
L. B. S. Hospital,
Khichripur, Delhi.

(Doctor)
Dr. P. Seal HEDWAL
Sr. Spl. (ENT).
Regd. No. MCI: 10007
L. B. S. Hospital,
Khichripur, Delhi.

Signature / Thumb impression of the patient Vibha



Countersigned by the Medical Superintendent with seal

Vibha

MAHARISHI VALMIKI HOSPITAL
(GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI)
POOTH KHURD,
DELHI - 110039

CERTIFICATE FOR THE PERSON WITH DISABILITES

Certificate No. : .....

Date : 26/2/2016

This is certify that Shri./Smt./Kum. Bhawna Vats

Age 18 Sex Female Son/Wife/Daughter of Shri Vijender Vats

Residence of H.No- 499 Katewara Delhi -110039

Registration No. MVH/154 Is case of (RT) Mental Retardation with Cerebral Palsy Spastic Quadriplegia

He / She is Physically Disabled and has 45 %

(Low Tone (Percent) permanent/Temporary Permanent

In relation to his/her Mental Retardation (RT)

Note :-

1. This condition is progressive / non progressive / likely to improve.
2. Re-assessment is not recommended / is recommended after a period of ..... months/years

(Strike out which is not applicable)

MEMBER

MEMBER

Dr. VIJAY SINGH COSTA
M.S. (OPHTH.)
SPECIALIST & INCHARGE
DEPTT. OF OPHTHALMOLOGY
M.V. HOSPITAL, GNCT OF DELHI
POOTH KHURD, DELHI-110039

MEMBER

Dr. NARENDRA KR. VARMA
M.S. (E.N.T.)
SPECIALIST & INCHARGE
DEPTT. OF E.N.T.
M.V. HOSPITAL, GNCT OF DELHI
POOTH KHURD, DELHI-110039

LT1

RT1

Counter Signed by the

Dy. Medical Superintendent

DR. BIJAN KUMAR DEY
Dy. Medical Superintendent
Maharishi Valmiki Hospital
Govt. of N.C.T. of Delhi
Pooth Khurd, Delhi-110039

Bhawna

Government of India

Form-IV

Disability Certificate for Locomotor Disability

Medical Superintendent, VMMC & Safdarjung Hospital, New Delhi - 110029

(See Rule 4)

डॉ. श्वेता / Dr. SHWETA
सहायक आचार्य / Assistant Professor
पंजी. संख्या एमसीआई / Reg. No.
वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली
V.M.M.C. & Safdarjung Hospital, New Delhi

Certificate No 674562 Date: 18.09.15

This is to certify that I have carefully examined Smt. **DIKSHA SHARMA** daughter of Shri **VIJAY KUMAR SHARMA** Date of Birth **13.11.1994** Age **20** years Female Registration No. **674562** Permanent resident of House No. **E-87** Ward/Village/Street **Third Floor, East of Kailash, South Delhi** Post Office District State **Delhi-110065** whose photograph is affixed above, and am satisfied that she is a Case of **Disability**. Her extent of permanent physical impairment / disability has been evaluated as per guidelines* and shown in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Disability (in%)
1.	Locomotor Disability	Right Leg	Operated c/o Congenital dislocation of right hip	Forty Three Percent (43%)

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

3. **Reassessment of disability is**

(1) Not necessary

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

Nature of Document	Date of Issue	Details of authority issuing certificate
AADHAR CARD 3707 9557 7788	-	Government of India

Dikshar Sharma

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

Shweta 18/9/15
डॉ. श्वेता / Dr. SHWETA JAIN
सहायक आचार्य / Assistant Professor (PMR)
पंजी. संख्या एमसीआई / Reg. No. MCI 19991
वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली
V.M.M.C. & Safdarjung Hospital, New Delhi

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

*Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December 1996 & DL33004/99 (Extraordinary) Part II, Sec. 1, dated June 13, 2001.

Dikshar Sharma

15/762

भारत सरकार/GOVERNMENT OF INDIA
डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

संख्या/No.13-9/2008-RMLH(M-II)/ 772 दिनांक/Dated : 4/7/08

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that ~~Sh/Smt~~./Km Sarfaraz Hashan Age 10 ~~Male~~/Female

~~S/o~~,D/o,~~W/o~~ Sh Mohd. Vijhazul Hashan R/o A-420, JJ Colony, Mangalai Phase-2, Delhi-41

Registration No. H-2194 dated 13-6-08 is a case of LEFT INFANTILE HEMIPARESIS ~~He/She~~ is physically ~~Disabled/Visual Disabled/Speech & Hearing Disabled~~ and has 50 %(FIFTY percent) Permanent (Physical impairment/~~Visual impairment/Speech & Hearing~~ impairment) in relation to ~~his~~/her LEFT SIDED UM (LLSUL)

NOTE:-

1. This condition is ~~progressive~~/non-progressive/~~likely to improve~~/not likely to improve*
2. Re-assessment is not recommended/~~is recommended after a period of _____ months/Years~~*

- **Strike out which is not applicable.**

(MEMBER)
SEAL

(MEMBER)
SEAL

(CHAIRMAN)
SEAL
Dr. K. S. ANAND
DM (NEURO)
Head & Senior Neurologist
Department of Neurology
DR. RML HOSPITAL
New Delhi - 110001

Signature/Thumb Impression of the Patient

Name = Sharfaraz Hashan
Roll No = 0762

K. S. ANAND
DM (NEURO)
Senior Neurologist
ment of Neurology
RML HOSPITAL
w Delhi - 110001

COUNTER SIGNED BY THE
MEDICAL SUPERINTENDENT/
CMO/HEAD OF HOSPITAL
WITH SEAL.

डॉ० वीना सारस्वत
DR. VEENA SARASWAT
Addl. Medical Superintendent/Addl. Med. Supdt.
डा० राम मनोहर लोहिया अस्पताल, नई दिल्ली

FORM-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See Rule 4)

(Name and Address of the medical auhority issuing the certificate)

Certificate No. 3 Dated 28/5/15

This is to certify that I have carefully examined

Sh/Smt/Kum. Anika Sharma.

son, wife/daughter of Shri Naresh Kumar.

Date of Birth 21-12-1996 Age 18½ years,
(DD/ MM/ YY)

Male/Female Female Registration No. 8893

Dr. Tarsem (M.S.) (Regn. No. 23191) Distt. Health Officer Pathankot

Permanent resident of House No. —

Ward/Village Aziz Pur Street —

Post office Narang Pur District Pathankot

State Punjab whose photograph is affixed above, and am satisfied that:

(a) He/She is a case of :

i. locomotor Disability ii) Blindness

(Please tick as applicable)

(b) The diagnosis in his/her case is old c/o Avn ē partial Collapse Head (Rt) Femur ē shortening (Rt LL)

(a) He/She has 40% % (in figure) Forty Percent percent (in words) permanent physical impairment/blindness in relation to his/her.................. (part of body) as per guidelines (to be specified).

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

Nature of Document	Date of Issue	Details of authority issuing certificate

Medical Officer, Civil Hospital, Pathankot.

Medical Officer, Civil Hospital, Pathankot

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Tarsem Singh (M.S.) (Regn. No. 23191) Distt. Health Officer Pathankot

Anika

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

Anika

Senior Medical Officer
Community Health Centre
Gharota (Distt. Pathankot)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029
DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION

Bha/21

~~PM&R (DC)~~/ 2001 Dated 05.11.2001

CERTIFICATE FOR THE PHYSICALLY HANDICAPPED PERSON
TO WHOM IT MAY CONCERN

This is to certify that ~~Shri/Smt./~~Kum Divya.

~~son/wife/~~daughter of Shri Rajesh Kumar.

04 Years old ~~male/female~~, PMR OPD No. 1641/2001

is a case of Congenital hypoplasia of right forearm and hand

~~He/~~She is physically handicapped and has Seventy percent (70) %.

permanent physical impairment is relation to his/her right upper limb.

Note : 1. This condition is not likely to change. Reassessment not recommended.

2. ~~The condition is likely to change. Reassessment recommended after~~ ____ years.

Senior Resident
एवं पुनर्वास
Medicine & Rehabi
आयुर्विज्ञान
A. I. M. S., New Delhi-29

Consultant
एवं पुनर्वास
Medicine & Rehabilitation
आयुर्विज्ञान
A. I. I. M. S., New Delhi-29

Head of the Deptt
एवं पुनर्वास
Medicine & Rehabi
आयुर्विज्ञान
A. I. I. M. S., New Delhi-29

Divya
Signature/Thumb impression of the patient

Medical Superintendent
A.I.I.M.S. Ansari Nagar
New Delhi-110029

Countersigned by the Medical Superintendent, AIIMS