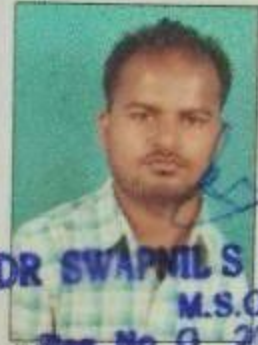


Disability Certificate

(In Cases of amputation or complete permanent paralysis of limbs and in cases of blindness) (See rule 4)

NEW CIVIL HOSPITAL, SURAT.



DR SWARNIL S. NALGE
 M.S.O. 110
 Reg. No G 20955
 Assistant Professor
 Orthopedic Department
 New Civil Hospital &
 Govt. Medical College
 SURAT

Certificate No.: 3212

Date: 09-11-2017

This is to certify that we have carefully examined Mr./Mrs./Miss PRAKASH BHAI
BHOYE son/daughter/wife of Mr. PRABHUBHAI

Date of Birth (DD/MM/YYYY) 11 / 11 / 1994 age 23 months/years, male/female

Registration No. SUR/17/100346216 Permanent resident of house no. -

Ward/Village/street NISHAL FALIYU VANZATAMBA

Post office VANZAT AMBA District THE DANG State GUJARAT

whose photograph is affixed above and are satisfied that:

**NOT VALID FOR
 MEDICOLEGAL CASE**

(A) He/she is a case of:

- Locomotor disability:
- Blindness:

(Please tick as applicable)

(B) The diagnosis in his/her case is Upper limb amputation (shoulder dysarticulation)

(1) He/she has 90 % (in figure) Ninety percent (in ward)

Permanent physical implement/blindness in relation to his/her _____
 (part of body) as per guidelines (to be specified).

(2) The applicant has submitted the following documents as proof of residence:

| Name of Document | Date of Issue | Details of Authority Issuing Document |
|---------------------|---------------|---------------------------------------|
| <u>AADHAAR CARD</u> | <u>-</u> | <u>2134 0304 8493</u> |

Signature/thumb Impression of the person in whose favour Disability Certificate is issued

(Signature)
DR SWARNIL S. NALGE
 M.S.Ortho
 Reg. No G 20955
 Assistant Professor
 Orthopedic Department
 New Civil Hospital &
 Govt. Medical College
 SURAT



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

NOT FOR M.L.C. OR COURT USE

Disability Certificate

Issuing Medical Authority, Porbandar, Gujarat



Certificate No.: GJ1110219890029427

Date: 06/06/2012

This is to certify that I/We have carefully examined Kum. **Daxaben Harji Bhai Pathak** Daughter of Shri **Harji Bhai** Date of Birth **30/07/1989** Age **28 Year(s)** Female, Registration No. **2411/00000/1803/0813692** resident of House No. **Sutar Serl, Srinagar, Porbandar - 360579** Sub District **Porbandar** District **Porbandar** State / UTs **Gujarat** Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Blindness.

(B) The diagnosis in her case is **Blindness**

(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent in relation to her (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): Ration Card

Signature / Thumb Impression of the Person With Disability

Signatory of notified Medical Authority Member



m/s m/s
Issuing Medical Authority, Porbandar, Gujarat
Chief District Medical Officer
Cum Civil Surgeon, Porbandar

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

Form-III
Disability Certificate
 (In case of Multiple disabilities)
 (See rule - 4)

**OFFICE OF THE SUPERINTENDENT
 GENERAL HOSPITAL, JAM KHAMBHALIA**

NOT FOR MEDICOLEGAL OR COURT CASES
 NOT FOR PERSONAL IDENTITY



Dr. Ketan K. Lumbacharya
 Eye Surgeon
 Reg. General
 Jam-Khambhalia

Certificate No. : 277 / 2020 Date : 22/07/2020

This is to certify that I have examined Shri/Smt./Ku. Khurndoor Mitalben
 Son/Wife/Daughter of Shri Dormabhai. Date of Birth (dd/mm/yy)
 Age : 22 yrs, Male / Female Registration No Permanent resident of House
 No. Ward / Village / Street Kenedi Post Office Kenedi
 District : Dev Bhumi State : Gujarat Whose Photograph is affixed above
 and I am satisfied that : Blind

(A) He / She is a case of:

Locomotor Disability

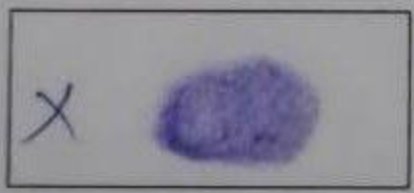
Blindness

(B) The diagnosis in his/her case is Bl Retinal degen

(C) He/She has 100 % (in figure 100 percent (in words)
 permanent physical impairment / blindness in relation to his / her eye (Part of body)
 As per guidelines (to be specified)

2. This applicant has submitted the following documents as proof in residence.

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| <u>Aadhar card</u> | <u>-</u> | <u>gov. of India</u> |



Signature / Thumb impression of Disabled person



K. Lumbacharya

Signature and Seal of Authorised Signatory of notified Medical Authority)

General Hospital
 Jam-Khambhalia

Disability Certificate Form-IV

(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat



Certificate No.: 162529

Date: 07/08/2015

This is to certify that I have carefully examined

Shri/Smt./Kum. ઉજ્જ્વલ દવે

son/wife/daughter of Shri સુભાષભાઈ

Date of Birth (DD / MM / YYYY) 16/02/2000 Age 15 Year(s) Male

Registration No. RAJ/15/01072084

Address sadhvasvani road gurunager r. m. c quater no.270 rajkot, Rajkot Mun. Corporat, RAJKOT, RAJKOT

whose photograph is affixed above, and am satisfied that he/she is a case of Blindness disability.

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and shown against the relevant disability in the table below:-

| Sr. No. | Disability | Affected part of Body | Diagnosis | Permanent physical impairment / mental disability (in %) |
|---------|------------|-----------------------|-----------------------|--|
| 1 | Blindness | Both Eye | 1) BE - Optic Atrophy | 100 (One Hundred) |

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

3. Reassessment of disability is: 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 |
|--------------------|---------------|--|
| Ration Card | 07/08/2015 | Dr. Snehal Pandya |

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

Dr. Snehal H. Pandya
Eye Surgeon
Dept. of Ophthalmology
P.D.U. Govt Hospital
Rajkot. Reg. No. G-5461

Signature/ Thumb impression in whose favour disability certificate is issued



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

(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal))

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.*

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

| Certificate Issuing Doctor | Certificate Issuing Facility |
|----------------------------|------------------------------|
| 1. Snehal Pandya (G5461) | PDU Medical College, Rajkot |



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

Disability Certificate

Issuing Medical Authority, Bhavnagar, Gujarat



Date: 05/07/2021

Certificate No.: GJ1410719990079959

This is to certify that I/we have carefully examined Kum. **Mital Kishorbhai Katariya**, Daughter of Shri **Kishorbhai**, Date of Birth **08/10/1999**, Age **21**, Female, Registration No. **2414/00000/2106/1615558**, resident of House No. **Madhuvan, Ta.mahuva, Tared, Bhavnagar - 364290**, Sub District **Mahuva**, District **Bhavnagar**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Low Vision**

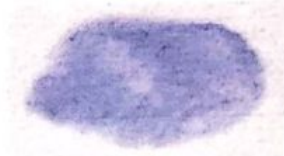
(B) The diagnosis in her case is **RE: COMPLICATED CATARACT; LE: COMPLICATED APHAKIA; BE: CORNEAL OPACITY.**

(C) She has **90%**(in figure) **Ninety** percent(in words) Temporary Disability in relation to her **BOTH EYE** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **05/07/2026**

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Mital Kishorbhai

Signatory of notified Medical Authority Member(s)



Naree

Issuing Medical Authority, Bhavnagar, Gujarat



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

Disability Certificate

Chief District Medical Officer
Rajkot, Gujarat



Certificate No.: GJ0920219960100270

Date: 24/10/2015

This is to certify that I/we have carefully examined Kum. **Hetal Sureshbhal Gohel**, Daughter of Shri **Sureshbhal**, Date of Birth **30/11/1996**, Age **26**, F, Registration No. **2409/00000/1907/1850498**, resident of House No. **V.d. Parekh Andh Mahila Vikas Gruh, Dhebar Road, Rajkot - 360002**, Sub District **Rajkot**, District **Rajkot**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Blindness**

(B) The diagnosis in her case is **BE-MICROPTHALMOS**

(C) She has **100%**(in figure) **One hundred** percent(In words) Permanent Disability in relation to her as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): **Aadhaar card**



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Chief District Medical Officer
Rajkot, Gujarat

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



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

Disability Certificate

Issuing Medical Authority, Porbandar, Gujarat



Date: 28/01/2009

Certificate No.: GJ1110220010038052

This is to certify that I/We have carefully examined Kum. **Payal Bavanjibhai Makvana** Daughter of Shri **Bavanjibhai**
Date of Birth **19/09/2001** Age **17 Year(s)** Female, Registration No. **2411/00000/1812/0176105** resident of House
No. **Bankarvas, Kantol - 362620** Sub District **Kutiyana** District **Porbandar** State / UTs **Gujarat**
Whose photograph is affixed above, and I/We satisfied that:

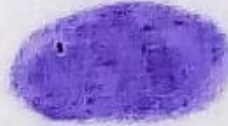
- (A) She is a case of **Blindness**
(B) The diagnosis in her case is **Blindness**

(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent in relation to her (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): **Ration Card**

Signature / Thumb impression of the Person With Disability



Signatory of notified Medical Authority Member



M/S Mankodi
Issuing Medical Authority, Porbandar, Gujarat

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