

District Hospital, Sehore

Name and Address of the Institute / Hospital

अस्थि बाधित

Date: 16.11.2015

Certificate No. 143

DISABILITY CERTIFICATE

नोंक में
रजि. नं.
दिनांक

143
11.11.2015

NOT VALID FOR
COURT & MEDICAL
LEGAL PURPOSES

All
Member
Distt. Medical
Board
Sehore (M.P.)



This

is the name of the patient: जयपुता कर्मा

Sex

of the patient: स्त्री age 15 Sex महिला

Mark (s)

is suffering from Permanent

Address

सा. उदयपुर जि. सी. हर Tehsil उदयपुर Distt. Sehore

disability of

leg and right arm affected
Post traumatic residual
of injury to shoulder
& hand.

A. Locomotion

Legs affected but not arms.
Legs affected (a) Impaired reach
(b) Weakness of grip

(i) BL-1

(ii) BA-1

(iii) BLA-1

(iv) CL-1

Leg affected (right or left) (a) Impaired reach

(v) OA-1

One arm affected (a) Impaired reach

(vi) BH-1

Both arms affected (Cannot sit or Stoop)

(vii) MV-1

Marked weakness and limited physical endurance.

B. Blindness

Or Low Vision:

(i) Blind

(ii) Partially Blind

C. Hearing Impairment:

(i) Deaf

(ii) Partially Deaf

(state the category whichever is not applicable)

Member
Distt. Medical Board
Sehore (M.P.)

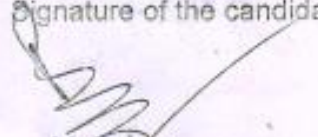
2. This condition is progressive/non progressive/likely to improve/not likely to improve
 Re-assessment of this case is not recommended/is recommended at a period of 3 year/month

3. Percentage of disability in his/her case is 40% per cent

4. Shri/Smt/Kum Kalpana Vams meet the following physical requirements for discharge of his/her duties

- (i) F-can perform work by manipulating with fingers. Yes
- (ii) PP-can perform work by pulling and pushing. Yes
- (iii) L-can perform work by lifting. Yes
- (iv) KC-can perform work kneeling and crouching Yes
- (v) B-can perform work by bending Yes
- (vi) S-can perform work by sitting. Yes
- (vii) ST-can perform work by standing Yes
- (viii) W-can perform work by walking Yes
- (ix) SE-can perform work by seeing. Yes
- (x) H-can perform work by hearing/speaking. Yes
- (xi) RW-can perform work by reading and writing. Yes

Signature of the candidate


 (Dr. Member)
 Dist. Medical Board
 Sehore (P.P.)
 Medical Board
 Dist. Sehore


 (Dr. Member)
 Dist. Medical Board
 Medical Board
 Dist. Sehore

(Dr. Member)
 Dist. Medical Board
 Medical Board
 Dist. Sehore

Counter Medical Board
 Superintendent
 Head of Hospital
 Medical
 Seal

* Strike out which is not applicable



UNIQUE DISABILITY ID

Government of India



नाम / Name
महिमा सिंह ठाकुर
Mahima Singh Thakur

UD ID
MP2810619990006884

Disability Type
Locomotor Disability

Year of Birth 1999
Percentage of Disability 40% (Forty Percent)

Date of Issue 14/06/2017
Valid upto Permanent

Issuing Authority Sign



003/ 023/ 0047212

UNIQUE DISABILITY ID

Government of India



State ID: Samagra State ID
153744688

Aadhaar No: NA



Address of Card issuing Authority
District Hospital
Sehore
Madhya Pradesh -

003/ 023/ 0047212

NOT VALID FOR
COURT & MEDICO
LEGAL PURPOSES!



मध्य प्रदेश शासन

सामाजिक न्याय विभाग

जारी करने वाले संस्थान/अस्पताल का नाम एवं पता जिला चिकित्सालय, सीहोर

निःशक्त व्यक्ति हेतु प्रमाण-पत्र

अस्थि बाधित/दृष्टि/वाक्-श्रवण



472

विकलांग प्रति
दिनांक 8/6/2018
जिला चिकित्सालय (सीहोर)

Mem
Distt. Medical Board
Sehore

प्रमाण पत्र क्र.

दिनांक

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी सापडा

पुत्र/पुत्री श्री सीताराम लामा आयु 20 पुरुष/स्त्री

पता ग्राम खजुरी पंजीयन क्रमांक 117 स्थिति से ग्रस्त

हैं। वे अस्थि बाधित/दृष्टि/वाक् श्रवण विकलांग हैं एवं.....
अंग/अंगों के 160 प्रतिशत स्थायी विकलांगता (अस्थि बाधित/दृष्टि/वाक्/श्रवण) से ग्रस्त है।

टीप :- 1. यह बढ़ने/नहीं बढ़ने वाली स्थिति है जिसमें सुधार की संभावना है/नहीं है।

2. माह/वर्ष की अवधि के बाद पुनः जांच की अनुशंसा की जाती है/नहीं की जाती है।

* जो लागू न हो उसे काट दें।

PP R B...

हस्ताक्षर
Member
Distt. Medical Board
Sehore (M.P.)

Member
Distt. Medical Board
Sehore (M.P.)

Member
Distt. Medical Board
Sehore (M.P.)

सील (नाम तथा पंजीयन क्र. सहित)

विकलांग व्यक्ति के
हस्ताक्षर/अंगुठे का निशान

President
जिला चिकित्सालय, सीहोर, जिला अधिकारी/
संस्थान के प्रमुख
इस अस्पताल की मुहर सहित प्रतिहस्ताक्षरित

District Hospital, Sehore

Name and address of the Institute/Hospital
Certificate No. _____

Date: 3/12/12

NOT VALID FOR
COURT & MEDICO
LEGAL PURPOSES
DISABILITY CERTIFICATE



3
12.12

This certified the Shri/Smt/ Ku. Shri. Vikas Kumar

Son/wife/daughter of Shri Shri. Prakash Kumar age 16 Sex M

() (s) _____ is suffering from permanent

Address Plot No. 14, B.L. Rd. S.S. 19 Tehsil Vidya Distt. Sehore

Disability of following category :-

Locomotor of cerebral Palsy :

- BL- Both legs affected but not arms
- BA- Both arms affected (a) Impaired reach (b) Weakness of grip
- BLA-Both legs and both arms effected
- OL- One leg affected (right or left)

- (a) Impaired reach
- (b) Weakness of grip
- (c) Impaired reach
- (a) Impaired reach
- (b) Weakness of grip
- (c) Impaired reach

OA/ One arms affected

BH Stiff back and hips (cannot sit or stoop)
MW-muscular weakness and limited physical endurance.

Blindness or low Vision
(i) B-Blind
(ii) PB-Partially Blind

Hearing Impairment:
(i) D-deaf
(ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

Handwritten notes in Hindi:
असंगत अंगुली के कोलेब्रॉम
& ऑस्टिओमा

Handwritten signature:
स्वयं प्रमाणित
सखिता

2. This condition is progressive /non progressive/likely to improve/not likely to improve.
Re-assessment of this case is not recommended /is recommended after.

A period of 3 year 0 months*

3. Percentage of disability in his/her case is. 75% percentage

4. Shri/Smt/Kum Sguts meets the following Physical requirements for discharge of his/her/duties.

- | | |
|------------------------------------------------------|--------|
| (i) F-can perform work by manipulating of the finger | Yes/No |
| (ii) PP-can perform work by pulling and pushing | Yes/No |
| (iii) L-can perform work by lifting | Yes/No |
| (iv) KC- can perform work Kneeling and crouching | Yes/No |
| (v) B - can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting | Yes/No |
| (vii) ST-can perform work by standing | Yes/No |
| (viii) W-can perform work by walking | Yes/No |
| (ix) SE-can perform work by seeing | Yes/No |
| (x) H- can perform work by hearing /speaking | Yes/No |
| (xi) RW-can perform work by reading and writing | Yes/No |

Signature of the candidate

(Dr. Sguts)
Member
Medical Board
Dist. Sehore

(Dr. [Signature])
Member
Medical Board
Dist. Sehore

(Dr. [Signature])
Member
Medical Board
Dist. Sehore

[Signature]
Countersigned by the Medical
Superintendent/CMO
Head of Hospital (with seal)

*Strike out which is not applicable

2610

Form for Medical Certificate for Physically Handicapped Person Distt. Hosp. SEHORE (M.P.)

We the members of Distt. Medical Board Sehore (M.P) do, here by certify that we have examined,



Shri/Smt/Ku. श्रीमती
 S/o, D/o, Shri. अरजुन शिवाजी
 Aged about 23 years
 Residence of दीवाना वाडा सीहोर

Member
 Distt. Medical Board
 Sehore (M.P.)
 (Signature)
 (Signature)

He/She is Suffering from PPR Left lower limb
 His / Her disability is Moderate percent as per the definition
 Vide Govt, of India Ministry of social welfare gazette notification
 No. - 422/23/III Dt. 6/8/86.

NOT VALID FOR
 COURTS & MEDICAL
 LEGAL PURPOSES.

He/She Comes under the category of mild / Moderate /
 and totally disabled and that he / she is not a physically Handicapped

This Certificate is valid for three years from 13/08/07 to

Identification Mark / Symbol

- Black mole left side of cheek
-

Signature of the Candidate

(Signature)

(Signature)
 President
 D.M.B. Sehore (M.P.)
 Sehore (M.P.)

Member
 D.M.B. Sehore (M.P.)
 Sehore

Member
 D.M.B. Sehore (M.P.)

Member
 D.M.B. Sehore (M.P.)

District Medical Board District Hospital, Sehore

Name and address of the Institute / Hospital

अस्थि बाधित

Certificate No. 2571

Date: 24.12.2018

DISABILITY CERTIFICATE

लोक सेवा केंद्र का
सं. सं. 2541
दिनांक 20.12.2018

NOT VALID FOR
COURT & MEDICO
LEGAL PURPOSES



ADL
Member
Asst. Medical
Officer (M.P.)

This certified the Skri/Smt/Km. सौ. विभवयमा

Son/Wife/daughter of Shri अशोक विभवयमा age 20 Sex महिला

Mark (s) _____ is suffering from Permanent

Address ज.डोडी पो. कुसा आहवा Tehsil आहवा Distt. Sehore

disability of following category :- शिला सीधर.

- A. Locomotor of cerebral Palsy
 - (i) BL-Beth Legs affected but not arms.
 - (ii) BA-Both arms affected (a) impaired reach (b) Weakness of grip
 - (iii) BLA - Both legs and both arms effected
 - (iv) OL - One leg affected (right of left) (a) Impaired reach (b) Weakness of grip (c) Impaired reach
 - (v) OA/One arme affected (a) Impaired reach (b) Weakness of grip (c) Impaired reach
 - (vi) BH-Stiff back and hips (Cannot sit or Stoop)
 - (vii) MW-Muscular weakness and limited physical endurance.
- B. Blindness Or Low Vision :
 - (i) B-Blind
 - (ii) PB-Partially Blind
- C. Hearing impairment :
 - (i) D-Deaf
 - (ii) PD- Partially Deaf

Consistent answer
at the doctor
AA -

↑ 60%
above sixh
Percent
Member
Asst. Medical Boa.
Sehore (M.P.)

(Delete the category Whichever is not applicable)

2. This condition is progressive/non progressive/likely to improve/not likely to improve
Re-assessment of this case is not recommended/is recommended after
a period of Permanently year _____ months*

3. Percentage of disability in his/her case is 100 percentage

4. Shri/Smt/Kum Sonu Mishra meets the following physical requirements for discharge of his/her duties

- | | |
|------------------------------------------------------|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting. | Yes/No |
| (iv) KC-can perform work kneeling and crouching | Yes/No |
| (v) B-can perform work by bending | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing | Yes/No |
| (viii) W-can perform work by walking | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing/speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |

Sonu

Signature of the candidate

[Signature]
Member
(Dr. Asst. Medical Bd. Sehore (M.P.))
Member
Medical Board
Dist. Sehore

[Signature]
Member
(Dr. Asst. Medical Bd. Sehore (M.P.))
Member
Medical Board
Dist. Sehore

[Signature]
Member
(Dr. Asst. Medical Bd. Sehore (M.P.))
Member
Medical Board
Dist. Sehore

[Signature]
Countersigned by the Medical
Superintendent/CMO/
Head of Hospital (with seal)

* Strike out which is not applicable