

Certificates of Differently Abled Students

अपंग व्यक्तीसाठी आरक्षणपत्र

क्रमांक ९९९९

नाम शोभत रामदास शाकुन्ताला

जन्मतारीख: / / २०१९ वर्ष

अपंगत्व प्रमाणपत्र प्रदान केलेल्या कार्यस्थानचे नाव:

विद्यार्थी शाळा, अहमदनगर

अपंगत्वा प्रकार: शुद्धदृष्टी (६०%)

कारणवची:

R.20/5/2019/999/1/2019

जिल्हा सैनिकी रुग्णालय अधिकारी

२२/९/२०१९ दिनांकाचे वैधता

विश्व परीक्ष, अहमदनगर जिल्हा

District Hospital, Ahmednagar

Disability Cert. / 25 SEP 2019

Date: 25 SEP 2019

DISABILITY CERTIFICATE

Ortho. Locomotor / Visual / Hearing / Mental Retardation FOR THE PURPOSE OF School Admission / Income Tax / Employment / Self Employment / Travels / Concessions / Prof. Tax.

Certified that we examined Shri/Smt./Kum. Attar solah Ansari

whose Particulars are given below with his / her photograph.

His / Her age is approximately > 08 Years

Identification Marks > _____

Sex > _____

She has following Disabilities :-

Blindness in both eyes

E chart 6/12cm

His / Her disability is More / Less than 40%

Member

Resident Medical Officer

General Hospital, ANagar

President

Civil Surgeon

General Hospital, ANagar

Member

Head of Dept

General Hospital, AN

Software: Dr. A. S. ... of Disability, ... (Dr. DM)

Department of Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research

Government of Maharashtra

Disability Certificate

No. 339331

(In cases other than those mentioned in Forms II and III) (See rule 4)

Office of the Civil Surgeon

Civil Hospital, Ahmednagar.

Outward No. 8703 DL 157 G/20 16

District Hospital, Ahmednagar

(Maharashtra, India)

NAME OF THE HOSPITAL:

Date: 15/06/2016

Certificate Number: 297560

This is to certify that I have carefully examined.

Person Identification Number: VI52200415266

Aadhar Number: N/A

Shri/Smt./Kum: YEDE SAGAR RAMDAS SHAKUNTALA

Father Name: Shri/Smt./Kum. RAMDAS

Date of Birth (dd/mm/yyyy): 30/05/1997

Gender: Male

Permanent Address:

Age: 19 years

Government of Maharashtra
Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

Sassoon Hospitals, Pune
(Maharashtra, India)

Certificate Number: 344891

Date: 10/11/2016

This is to certify that I have carefully examined.

Person Identification Number: V152100478575

Aadhar Number: N/A

Shri/Smt./Kum: **BARATE KISHOR SADHU MANKHARAI**

Father Name: Shri/Smt./Kum. **SADHU**

Date of Birth (dd/mm/yyyy): **07/11/1998**

Age: **18 years**

Gender: **Male**

Permanent Address:

House Address: **Devulgaon Raja**

Village: **Wadgaon**

Taluka: **Daund**

District: **Pune**

Pincode: **413801**

whose photograph is affixed above, and am satisfied that he / she is a case of *Visual Impairment* disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Visual Impairment	Both Eyes	BE HIGH MYOPIA	40

1. The Above condition is **Permanent, progressive, not likely to improve**
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: **Aadhar Card**
4. The applicant has submitted following documents as proof of identity: **Aadhar Card**

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

Dr. Prajakt V. Bhailume	Dr. Snehal Kishor Wadekar	Dr. Ajay J. Taware
Assistant Professor Ophthalmology	R.M.O.	Medical Superintendent and Chairman-Disability Board
Member	Member Secretary	President
Regn. No. : 2010/04/1146	Regn. No. : 2016/05/0954	Regn. No. : 2001/01/0288

Signature of the person whose favour this certificate is issued
 This is not valid for Medico Legal cases.
 Dr. Prajakt V. Bhailume
 Assistant Professor
 Dept. of Ophthalmology
 B.J. Govt. Medical College
 Sassoon General Hospital Pune
 Reg. No. 2010/04/1146

Resident Medical Officer
 Sassoon General Hospital
 Pune - 01

Dr. Ajay J. Taware
 M.D. (P.N.T.)
 Superintending
 Sassoon General Hospital Pune.



1813
महाराष्ट्र शासन राजपत्र, मार्च २७, २००३ / चेत्र ६, शके १९२५

FORM A

837

Prescribed form of Medical Certificate

Date: 29/1/2007

Surgeon, Satara

Certificate of Persons with Disabilities

This is to certify that Shri/Smt. Nilesh Dalindar Shinde
Resident of Kabalwadi Taluka Khatar District Satara was
examined in this Hospital under O.P.D. No. 7265 Dated 29/1/2007
by Medical Board for Persons with Disabilities.

He / She is found to be Persons with Disabilities as Mentioned below,

Sr. No.	Type of Disability	Description of Disability	% age of Disability/I.Q./D.B; loss
1	Blindness	(BE) Partial O.A. E. Maculopathy	75% visual disability
2	Low vision		
3	Leprosy Cured		
4	Hearing impairment	↙ <6/60 ↘ <6/60	(Severely fine)
5	Locomotor disability		
6	Mental retardation		
7	Mental illness		

He / She is fit / unfit for benefits of Persons with Disabilities.

Identification marks -

- (1) scar on LA side of eye brow
- (2)

Left hand thumb impression of the candidate.

Specialist in Subject / Member
 Medical Officer
 Late Krantisinh Nana Patil
 General Hospital, Satara.

R.M.O./Member
 Late Krantisinh Nana Patil
 General Hospital, Satara.

Civil Surgeon / President
 Late Krantisinh Nana Patil
 General Hospital, Satara.

Vision Impaired Student



Ramp facility for differently abled students-Library building



Special arrangement is made for Dwarf students for performing experiments in laboratories



Ramp- Women's Hostel Building

