

can-1008

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



Handwritten notes and stamps near the photo, including 'u...' and '30/9/15'.

No.F.1 (1)/DDU/MB/2015/ 7675

Dated: 30/9/15

DISABILITY CERTIFICATE

This is to certify that Beauty Kumari Age 15 years female D/O Sh. Dinesh Prasad Resident of Blind Person Association, Flat No-586 Pocket A, Rose Wood Apartment, Sec-13 Phase-II Dwarka, New Delhi-75. Whose specimen signature is given below A case of *Choroidal Atrophy both eyes with 100% (hundred Percent) permanent visual disability. (OCULO-CUTANEOUS ALBINISM & NYSTAGMUS)*

This disability is permanent/temporary in nature. It is recommended/advised that He/She may be given benefits as per rule.

Beauty Kumari
(L) Thumb Impression / Signature of patient
Handwritten signature and stamp of the patient.

10/11/15
Specialist/Medical Officer

30/9/15
Specialist/Medical Officer

Savita
Medical Superintendent

Pranav
30/9/15
Chairman, Medical Board

CPD-1033

Office of the Chief Medical Officer, Dehra Dun

No. C.M.O/M-2/PD/2013-14/17475

Dated 23/09/2015

HANDICAPPED CERTIFICATE

Handicapped certificate in accordance with GO No. 07-4/Karnik/dated 20.6.78

1033

Chief Medical Officer
Dehra Dun



We examined Shri/Smt. Monika

Aged about 14 years S/o, D/o, W/o Shri Suresh Kumar

R/o SHARP Memorial School For the Blind

Dehra Dun, whose signature is given below and certify that he/she is case

of B/E Nystagmus & Keratomalacia

Disability is about 100 (Hundred) %

We certify that he/she is permanently physically handicapped person.



Signature of the candidate.
Attested

Chief Medical Officer
Dehra Dun

MEHA
Eye Surg. Doon Hospital
Dehradun (Member)
GOVT COMD
PREM NAGAR DEHRADUN
REG NO UK 379

Dr. Yashraj Singh
Sr. Orth. Surg. Doon Hospital
Dehradun (Member)
Regd No. 1000

verified
06/07/18



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



Date: CAN 15/35

Certificate No. 1535

This is to certify that I have carefully examined Suman Garg



S/W/D/ of Sumit Garg D.O.B. (dd/mm/yy) 27/11/2000 Sex: M/F

UHID No. 103291840 Address Gurgaon

Sunder Tower, Sector 29, Gurgaon

Contact Number: 01299099823

(Patient's Signature verified by MSO/Doctor)

whose Photograph and Signature/Thumb impression are affixed.

Marks of identification: 1. hole on the nose 2. _____

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

Nature of Document	Date of issue	Details of authority issuing certificate
<u>Aadhar Card</u>		<u>DP</u>

I am of the opinion that

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

BCVA recorded: Better Eye (R/L) (R) Only perception of light Worst Eye (R/L) (L) No perception

(B) Diagnosis in his/her case is RE (R) Phthisis Bulbi (L) Atrophic Bulbi

(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

[Handwritten Signature]

Consultant, Signature
Name & Seal

[Handwritten Signature]
Dr. SWAN VIKLINESH ALOK
Senior Consultant, Dept of Ophthalmology
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

Dr. P. Kumar, Senior Resident, Ophthalmology, A.I.I.M.S., New Delhi-110029

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.

~~1078~~ CAN-1044
1044

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

Certificate No. 272

Dated 30/9/11

C8M 113751

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Km. Rajni

Son/Wife/Daughter of Shri KALI CHARAN age 12 old male/female,

Registration No. 13 is a case of congenital tetraparesis of polio spine C₂-C₃

He/She is physically disabled/visual disabled/speech and hearing disabled and has 40% %

(fourty percent) permanent (physical impairment/visual impairment/speech and hearing impairment) in relation to his/her Trunk

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 2 year Months/Years.
- * Strike out which is not applicable.

Shah
(DOCTOR)
Seal

Shah
28/9/11
(DOCTOR)
Seal

Shah
28/9/11
(DOCTOR)
Seal (N. Rajni)

Rajni

(Signature/Thumb impression of the patient)

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



Rajni

DISABILITY CERTIFICATE

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

514

Certificate No.

Date 30/5/2012

CRN-1916



This is to certify that I have carefully examined Shri/Smt./Km. Ayushi Jindal
of Shri Rajesh Jindal Date of Birth 21/11/1994 Age 18 years
Male/Female Female Registration No. 339846 permanent resident of House No. _____
E-101 Ward/Villager/Street Peasant Vihar Post Office _____
District _____ State Delhi whose photograph is affixed above, and am satisfied that:

- (A) he/she is case of:
 locomotor disability
 blindness
 (Please tick as applicable)

(B) the diagnosis in his/her case is Rt sided Hemiparesis with cerebral palsy

(C) He/She has 50 % (in figure) FIFTY percent (in words) permanent physical impairment/blindness in relation to his/her both upper & lower limbs (part of body) as per guidelines (to be specified).

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

Nature of Documents	Date of Issue	Details of authority issuing certificate
Adhar. no.		
900106841570	12/1/2012	Govt of India.

Dr. HARESH KUMAR
MD (Medicine)
HOD & Senior Specialist
Dr. B.S.A. Medical College & Hospital
Sec-8, Rohini, Delhi-110085

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

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

Ayushi

[Signature]

Countersigned by
Medical Superintendent / Dy. Medical Superintendent.

CRN-1918

Office of the Chief Medical Officer, Dehra Dun

Dated 17-5-06

No. C.M.O./M-2/PD/2006 560

HANDICAPPED CERTIFICATE

Handicapped certificate in accordance with GO No. 07-4/Karmik/dated 20.5.78



We examined Shri/Smt. शुभ विरवा

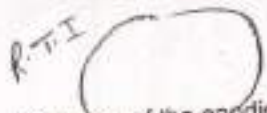
Aged about 6 years S/o, D/o, W/o Shri. सीपी

R/o श्री श्री अमल कुल मोरवा बस्स राजपुर देहरादून


Dehradun, whose signature is given below and certify that he/she is case of Pseudomania & Nystagmus RE


Disability is about 100% (Hundred)

We certify that he/she is permanently physically handicapped person.

R.T.I

 Signature of the candidate.
 Attested


 Chief Medical Officer
 Dehradun (Chairman)


 Eye Surg. Doon Hospital
 Dehradun (Member)


 Sr. Orth. Surg. Doon Hospital
 Dehradun (Member)

2017-20

75037 CRN-353

OFFICE OF THE MEDICAL SUPERINTENDENT
HINDU RAO HOSPITAL



(MUNICIPAL CORPORATION OF DELHI)

No. 2656

Dated 10/11/2008

MEDICALLY HANDICAPPED CERTIFICATE

DR. RISHI KUMAR
D. (A.I.I.M.S.)
SPECIALIST

Department of EYE

(Ortho./ENT/Ophthalmology/Other)

HEAD OF EYES DEPTT.
Hindu Rao Hospital, Delhi-7.

This is to certify that patient Shri/Smt./Km. Manalika Jain

age 10 1/2 years son/wife/daughter of Shri Dr. Gopal Lal Jain

OPD/MRD No. 100942 whose specimen signature is given below is suffering

from (R) Op'd RD (L) Retinal folds (R) PLT (L) Retinal fold

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 mentally handicapped person.

2017-18
I.M.

Manalika
(Signature of the patient)

Bhawdhan
4/11/08

Countersigned

CV
Medical Superintendent
Hindu Rao Hospital, Delhi

DR. BITHI CHOWDHURY
M.B.B.S. (Cphtho)
EYE SPECIALIST
Hindu Rao Hospital, Delhi

Addl. Medical Superintendent
Hindu Rao Hospital Delhi 7

Signature of Medical Officer
with seal

DR. JUGESH KUMAR
M.D (A.I.I.M.S.)
Sr. EYE SPECIALIST &
HEAD OF EYES DEPTT.
Hindu Rao Hospital, Delhi

CRN-886

1/13 वर्तमान परिशिष्ट 1/13 के स्थान पर निम्नलिखित को प्रतिस्थापित करें।

वी सी ई 2
5830 और 5834
(बी) बुद्धि पर
सं 47 दिनांक
जुलाई 1980



ए. न. उ.
ए. न. उ. वि. क. अ. अ. अ.

परिशिष्ट 1/13

(नियम 107 क्रम सं 9 (1 और 9 2) देखें)

रियायत प्रमाण-पत्र

पूर्ण रूप से नेत्रहीन एवं अल्प दृष्टि व्यक्तियों को रेल रियायत प्रदान करने के लिये रजिस्टर्ड मेडिकल प्रैक्टिशनर/सरकारी डाक्टर/कल्याण मंत्रालय, भारत सरकार या संबंधित राज्य सरकार या राज्य कल्याण विभाग द्वारा मान्यता प्राप्त अंध व्यक्तियों के प्रमुख द्वारा प्रयोग किया जाने वाला फार्म।

लिटिल आरत 100% blind

यह प्रमाणित किया जाता है कि कु०/श्री/श्रीमती जिनका ब्यौर नीचे दिया गया है, पूर्ण रूप/अल्पदृष्टि से नेत्रहीन हैं।

पूर्ण रूप नेत्रहीन/अल्पदृष्टि व्यक्ति का ब्यौर -
क-पता गारिया हिलाल पो. गौपत पट्टी - फकिरवाकाठ -
ज-पिता/पति का नाम श्री - गनवीर सिंह
ग-आयु 17 वर्ष प-स्त्री/पुल्ल स्त्री

ह-नेत्रहीन व्यक्ति के हस्ताक्षर या
बार हाथ के अंगूठे का निशान

स्थान फकिरवाकाठ -

दिनांक 19-7-2011

डा० बृजल सिंह

E. M. O.

ए. न. उ. वि. क. अ. अ. अ.

(रजिस्टर्ड मेडिकल प्रैक्टिशनर या सरकारी या कल्याण मंत्रालय, भारत सरकार या संबंधित राज्य सरकार या राज्य कल्याण विभाग द्वारा मान्यता प्राप्त अंध संस्थानों के प्रमुख के हस्ताक्षर)



19-07-2011

सरकारी अस्पताल / क्लिनिक
अथवा संस्थान की स्पष्ट मुहर

मुहर जिस पर प्रमाण पत्र जारी करने वाले डाक्टर/व्यक्ति का नाम रजिस्टर्ड डॉ. बृजल सिंह

E. M. O.

ए. न. उ. वि. क. अ. अ. अ.

टिप्पणी :-

- (1) यह प्रमाण पत्र केवल पूर्ण रूप से नेत्रहीन/अल्पदृष्टि व्यक्तियों को जारी किया जायेगा। फोटो पर प्रमाणपत्र जारी करने वाले डाक्टर द्वारा व्यक्ति द्वारा इस तरह हस्ताक्षर करे जायें व फोटो पर मुहर लगाई जाये कि मुहर व हस्ताक्षर को कुछ भाग फोटो पर व कुछ भाग प्रमाण पत्र पर हो।
- (2) यह प्रमाण पत्र जारी करने की तिथि से पांच वर्ष के लिये वैध होगा। प्रमाण पत्र की वैधता अवधि समाप्ति के बाद व्यक्ति को नया प्रमाण पत्र प्राप्त करना होगा। अस-प्रमाण पत्र की फोटो स्टेट प्रतिलिपि रियायत प्रदान करने के लिये स्वीकार की जायेगी। मूल प्रमाण पत्र को रियायत टिकट खरीदते समय और यात्रा के दौरान मांगने पर निरीक्षण करने के लिये प्रस्तुत करना होगा।
- (3) फार्म में कोई परिवर्तन करने की अनुमति नहीं है।

(1-1-1999 से लागू)

Dept - 201600 500 69 789 CRN-

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

504/16
06/16



ARADHNA GUPTA

Son/Daughter of Shri RAJMAN GUPTA



Date of Birth 18/3/1996 Age 20/F having identification marks as below

Supervisor
Dr. P. Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi

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 RE B/L Keratoconus & Corneal Opacity
LE

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 % 100 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

Talvir
Signature of Senior Resident

Dr. R. Shota
Signature of Faculty Member

Dr. R. Shota
Signature of Unit Head

Name TALVIR
Registration No.

Name DR. RAMANJIT SHOTA
Professor of Ophthalmology
Registration No.
Dr. R. P. Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

Name PROF. R. SHOTA
Registration No.
DR. RAMANJIT SHOTA
Professor of Ophthalmology
Dr. R. P. Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

Senior Resident
Place New Delhi
Dr. R. P. Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-29
Date 3/6/16

Counter Signature of the Medical Superintendent

[Signature]
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.

2017-18
DYS

2016 19

CRN - 252

DR. BAJENDRA 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. 156/17

Date: 18/2/17

This is to certify that I have carefully examined Komal Kumari

S/W/D of Lalan Ram D.O.B. (dd/mm/yy) 01/11/1979 Sex M/F

UHID No. 102579925 Address B-2544 Gali Nohla

Near Masjid wali Gali Sant Nagar

Contact Number: 7065492078 Bawani (Delhi)



Left eye

whose Photograph and Signature/Thumb impression are affixed.

Marks of Identification: 1. Both eyes discoloured 2.

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

Nature of Document	Date of Issue	Details of authority Issuing certificate
<u>Aadhar Card</u>	<u>-</u>	<u>Delhi</u>

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) NO PL

(B) Diagnosis in his/her case is RE Achard's Staphylococci LE phthisis bulbis

(C) Percentage of disability in his/her case is 100 % Assumed 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.

Ht
Senior Resident, Signature
Name & Seal Dr. Hameed

Pshame
Consultant, Signature
Name & Seal Dr. Pradeep Sharma

बज्रिण रेसिडेण्ट / Senior Resident
डॉ. बाजेंद्र प्रसाद केंद्र, आंसरी नगर
Dr. B.P. Centre for Ophthalmic Sciences
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

Counter Signature of the Medical Superintendent
[Signature]

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.

Debit 201600 500 49438
DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

502/16

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 495/16
Date: 20/5/16



This is to certify that Smt/Shri/Kum Suman Yadav
W/F/Other X ✓ Son/Daughter of Shri Ram Narayan Yadav



Date of Birth 10/10/1998 Age 18/F having identification marks as below
1. 2. A.I.I.M.S. Ansari Nagar

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 RE amblyopia with corneal socket
LE anophthalmic bulb

and is suffering from visual disability of following category

blindness or low vision Category D / 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
Name: Nehal Kumar

Signature of Faculty Member
Name:

Signature of Unit Head
Name: Dr. J.S. Titiyal

Registration No. 201600 500 49438 / Senior Resident Registration No.
Dr. R. P. Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-29

Registration No.
Prof. J.S. Titiyal
Dr. R. P. Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-29

Place: New Delhi

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.

CRN-668

इन्स्ट
GRAM - "MED:INST"

S.No. 3621/k
24/8/k

डा० 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 (India)
Tel. : 6864851-65, 6561123
Fax : 91-011-6852919, 91-011-6862663

Dated : 24/8/k

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Santoshi Purnani age 14 male/female,
P/W/D of Shri. Ram Ganesh Singh was examined in the RPC
OPD (No. 93946/P) He/She was diagnosed to have R/L Leaked Keratitis.
His/Her best corrected visual acuity in R/E PL + 1/2 and
L/E No PL
Therefore, he/she is visually handicapped by 100 % (100 Percent).

RTI
Attest
Rajendra
रोगी के हस्ताक्षर
Signature of the Patient
Dr. R. K. Upadhyay
पर्यवेक्षक चिकित्सा शास्त्र नेत्र अण्विकारी
Supervising M. S. S. Officer
डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R. P. Centre for Ophthalmic Sciences
अ. शा. आयु. वि. अंसारी नगर, नई दिल्ली
AIIMS, Ansari Nagar, New Delhi

(aut)
चिकित्सक के हस्ताक्षर, यूनिट
Signature of the Doctor, Unit
Dr. Armit

Counter Signed
[Signature]
प्रतिहस्ताक्षर
COUNTERSIGNED

Senior Resident
Dr. R. P. Centre for Ophthalmic Sciences
AIIMS, Ansari Nagar, New Delhi

CAN- 678



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. 155/17

Date: 13/2/17

This is to certify that I have carefully examined Sarita Tappo



S/W/D of Lt. Shri Ram D.O.B. (dd/mm/yy) 01/1/1997 Sex: M/F

UHID No. 102579944 Address vill- Tetartoli po Patraty PS. Chauko Ranchi Jharkhand

Contact Number: 8285452193

(Patient's Signature verified by MSBD/Docan)

whose Photograph and Signature/Thumb impression are affixed.

Marks of identification: 1. Male on Near Eye 2.

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

Nature of Document	Date of issue	Details of authority issuing certificate
<u>Aadhar Card</u>	<u>-</u>	<u>Jharkhand</u>

I am of the opinion that

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

(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. Nigam Sam

Consultant Signature
Name & Seal
Dr. Pradeep Sharma

बरिष्ठ रेजिडेंट/ Senior Resident
डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केंद्र
Dr. R.P. Centre for Ophthalmic Sciences
आ.प.आ.नं. १९ दिल्ली-११००२९

Counter Signed
Counter Signature of the Medical Superintendent
Medical Superintendent

आचार्य नेत्र विज्ञान
Professor of Ophthalmology
डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केंद्र
Dr. R.P. Centre for Ophthalmic Sciences
आ.प.आ.नं. १९ दिल्ली-११००२९/A.I.I.M.S., New Delhi-29

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 20150050035977 CRN-687

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
ALLMS, Ansari Nagar, New Delhi-110 029



FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 108116

Date: 01/2/16

This is to certify that Smt/Shri/Kum

M/F/Other

Son/Daughter of Shri

Purnima Gogai
Lt. Guneswar Gogai



Signature/Thumb Impression
RTI

Date of Birth 30/7/1997 Age 18/F having identification marks as below

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 RE *le myoplasmae*
LE *Partially absorbed Cataract*

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 Permanent in nature.

Reassessment of this case is not recommended / is recommended after a period of 5 years

Signature of Senior Resident
Salunkha

Name A - Nitesh Salunkha
Registration No. 2011-10511779

Dr. R.P. Centre for Ophthalmic Sciences
Ansari Nagar, New Delhi-29

Date: 30/1/16

Signature of Faculty Vinod
Name Vinod Kumar
Registration No. 2011-10511779

Signature of Unit Head
Name
Registration No.

Counter Signature of the Medical Superintendent

[Signature]
Medical Superintendent

Note: The certificate is valid for 5 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.

HANDICAPPED CERTIFICATE IN ACCORDANCE G.O. No. 74/1974
KARMIK-2 MAY, 20, 1986

CAN-742

742

BA. Perog.

Dated 28.10.95 (11th Year)

Examined Shri/Smt/Km. Roshika Years. Son of/daughter of/wife of

about 5.12 Sy B Chatur Jolly Sodak
Po Kumbhgarh Dist Tehri Garhwal (CP)

signature/LTI/RTI is given below and certify that he/she is a

Congenital Enophthalmos (B)

Certified that he/she is a permanently physically handicapped. 80%

For identification.



Signature of LTI/RTI person concerned

[Signature]

Signature of orthopaedic Surgeon (Member)

[Signature]

Signature of Eye Surgeon (Member)

[Signature]

Chief Medical Officer Tehri Garhwal

Signature of ENT Surgeon (Member)

[Signature]
President 28.10.95

Chief Medical Officer Tehri, Tehri Garhwal

[Signature]
6.11.2007
[Illegible text]

Handwritten notes on the right margin: "22", "1", "under the", "hally", "sends", "urged", "2016"

Printed text at the bottom right corner, partially obscured.

Debt 2016008087364

S.No. 1511
CR.No. 815

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 DISABILITY

Certificate No. 728/16
Date: 12/2/16
This is to certify that Smt/Shri/Kum
M/F/Other Son/Daughter of Shri

ANITA PRASAPATI
Naveem Prajapati



Signature/Thumb Impression
[Handwritten Signature]

Date of Birth 05/12/1992 Age 23/F having identification marks as below

1. 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 RE B/E LCO = Nyctalopia + Euphotic
LE

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]
Signature of Senior Resident
Name TAWIR
Registration No.

[Signature]
Signature of Faculty Member
Name VINEY GUPTA
Registration No.

[Signature]
Signature of Unit Head
Name
Registration No.

Anita
815
B.A [Poo] J

Place New Delhi
Date 11/7/16

DR. VINEY GUPTA
Counter Signature of the Medical Superintendent
Counter Signed

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.M.S., Ansari Nagar, New Delhi-110 029
'FORM -II' MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES



Certificate No. 613/12

Date: 08/12/12

This is to certify that I have carefully examined Pooja Verma

SNV/DI of Purotham D.O.B. (dd/mm/yy) 4/1/1997 Sex: M/F

UHID No. 103576328 Address L-25 Hauz Khas

Enclave, New Delhi, India

Contact Number : 0931995360



whose Photograph and Signature/Thumb impression are affixed.

Marks of Identification: 1. Mole on face 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 (RL) PL ⊕ Worst Eye (RL) 100 PL

- (B) Diagnosis in his/her case is RE Failed graft LE Provisional
- (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.

Nee
 Senior Resident, Signature
 Name & Seal Nee kumbh

AMK
 Consultant, Signature
 Name & Seal

श्री. राजेंद्र प्रसाद / Senior Resident
 डॉ. राजेंद्र प्रसाद के द्वारा जारी
 Dr. R.P. Centre for Ophthalmic Sciences
 A.I.M.S., New Delhi

श्री. देवंग अंगिम / Dr. DEWANG ANGIM
 सहायक प्राध्यापक / Assistant Professor
 डॉ. राजेंद्र प्रसाद के द्वारा जारी
 Dr. R. P. Centre for Ophthalmic Sciences
 A.I.M.S., New Delhi

Counter Signed
Nawale 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.

Certificate No. 10/EYE/LBSH/2010

Date 4/2/2010

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

THIS IS TO CERTIFY THAT SH. / SMT. / KM. श्री श्री
S/O, W/O, D/O श्री श्री AGE 12 YRS OLD MALE/
FEMALE, REGISTRATION NO. 634917-3/7/2010 IS A CASE OF
Coats disease left eye. HE/ SHE IS
PHYSICALLY-DISABLE / VISUAL DISABLE / ~~SPEECH & HEARING DISABLE~~ AND HAS
30 % (Thirty PERCENT) PERMANENT
(PHYSICAL IMPAIRMENT / VISUAL IMPAIRMENT / ~~SPEECH & HEARING IMPAIRMENT~~) IN
RELATION TO HIS/ HER -

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 1 month/year.*

*strike out which is not applicable

Seal
(Doctor)

Dr. Seal AGARWAL
Regd. No. MCI: 2149,
Hospital,
Khichripur, Delhi.

Seal
(Doctor)

Dr. Seal KHEHWAL
Sr. Spl. (ENT)
Regd. No. MCI: 1117
L. B. S. Hospital,
Khichripur, Delhi.

Seal
(Doctor)

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

Signature / Thumb impression
of the patient श्री श्री



Countersigned by the Medical Superintendent
with seal

Seal
Dr. HARISH MANNUKHANI
C.M.O. (Ortho) Member
Regd. No. MCI: 3136
L. B. S. Hospital
Khichripur, Delhi

H. MANNUKHANI
C.M.O. (Ortho) Member
Regd. No. MCI: 3136
L. B. S. Hospital
Khichripur, Delhi

Blind

TS

Office of the Chief Medical Officer

ALIGARH

HANDICAPPED CERTIFICATE

No. E. 4/2008 - 2009

Date 12-9-2012

NOT VALID FOR MEDICOLEGAL PURPOSE

Certified that SHRISMEKHA MADU VISHWANATHAN

S/o, W/o, D/o KANNAN and VISHVAKANYA R. No. 1001, VIII & P.O.

Shri Ardi school for the blind, A.M.U. Aligarh

appeared before me today for the Neurological examination. I examined her/


her found that Left Eye Pupilless. Unable to accommodate

(with 20/20 vision) - verified by Frank Colford

CHIEF MEDICAL OFFICER

ALIGARH

for Appointment

Dr. 
Orth Surgeon
M.S. Hospital Aligarh

Dr. 
E N T Surgeon
M.S. Hospital Aligarh

Dr. 
Eye Surgeon
M.S. Hospital Aligarh

Sig. L.I.L. & R.T.L.
attested

CHIEF MEDICAL OFFICER
ALIGARH



G. - 8A - 912023

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



No. 187

Dated 25th Jan 20

MEDICALLY HANDICAPPED CERTIFICATE

Department of _____
(Ortho/ENT/Ophthalmology/Other) _____

This is to certify that patient Shri/Smt./Km. Kalpana Devi
age 8 yrs years and wife/daughter of Shri Sh. Blaster Singh
OPD/MRD No. 2376 whose specimen signature is given below is suffering
from Optic atrophy BC
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.



RTI
All India
Uchi

(Signature of the patient) DR. M. M. GUPTA
M.S. (OPHTH)
Medical Officer
Hindu-Rao Hospital Delhi

Signature of Medical Officer
Dr. A. K. NAOPAL
M.B.B.S., D.O.M.S.
Senior Ophthalmologist
Hindu Rao Hospital
N. Delhi-110005

Countersigned

M. Desai
Medical Superintendent
Hindu Rao Hospital, Delhi
Medical Superintendent
Hindu Rao Hospital, Delhi