



NIRMALA COLLEGE MUVATTUPUZHA

Muvattupuzha P. O., Ernakulam Dist., Kerala - 686 661
Telephones: 0485 2832361, 2836300
e-mail: nirmalacollege@gmail.com, Website: www.nirmalacollege.ac.in

FOURTH CYCLE NAAC ACCREDITATION 2019

CRITERION 2

TEACHING- LEARNING AND EVALUATION

2.2.3. Percentage of differently abled students (Divyangjan)
on rolls (current year data)

Submitted to



THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH SERVICES
MEDICAL BOARD CONSTITUTED BY DISTRICT MEDICAL OFFICER
 (Constituted as per GO (p) No.202/2009/H&FWD Dtd. 26-06-09)

Appl: No. 695276

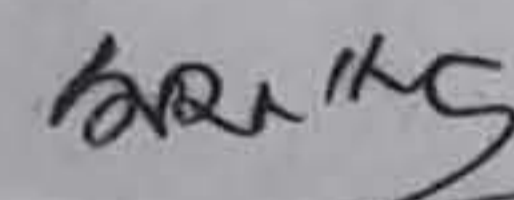
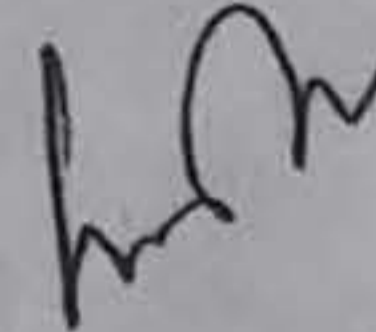
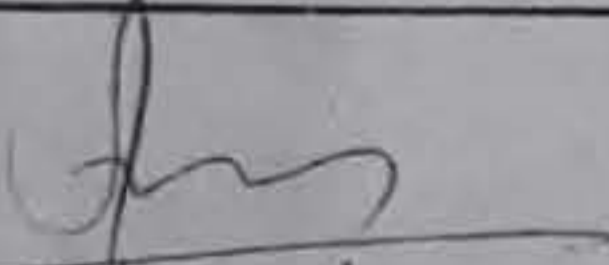
Date: 15.11.10

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer ERNAKULAM / superintendent, Medical college Hospital, examined Shri/Smt/Kumari/ Master P.M.L.M.K. MANNUMATTATHIL (CH) MARKET (PO) KADATHY EAST, MUNNAR (name and Address of the applicant) aged 11 yrs on 15.11.10 (date). He/She is having 60% (Sixty per cent) in words) of Permanent / Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation / Mental Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to his/her Cerebral Palsy with Spastic Quadriplegia

1. This disability is classified as * mild / moderate / severe / profound / total.
 2. This condition is * progressive / likely to improve / not likely to improve.
 3. Reassessment is * not recommended / recommended after a period of * months / years.
- * Strike out which ever is not applicable

Identification marks of the applicant. 1. A BLACK MOLE LEFT ARM FINGER.
 2. A BLACK MOLE ~~BEH~~ ON THE CHEST.

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. P.S. REGHOOTHAMAN M.B.B.S., D.P.M.S. PHYSIATRIST REG. NO. 10203	 15/11/10
2	Doctor 2	Dr. ISSAC DANIEL; M.B.B.S, D.L.O Reg.No: 16403 Civil Surgeon, E.N.T. Surgeon	 15/11/10
3	Chairman	<u>Dr. ASA B. IS.</u> <u>Mpelt, Thacka Muvattur</u> <u>for</u>	 15/11/10


Signature / Thumb impression of patient.



No 194/14



DISTRICT MEDICAL BOARD CERTIFICATE

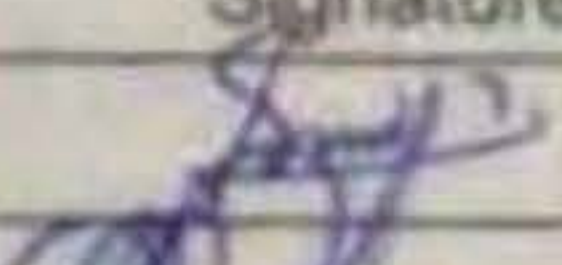



Signature/Thumb impression of Candidate 

Certified that we the member of the standing Disability Assessment Board at Taluk Headquarters Hospital Kothamangalam, Ernakulam District examined Se/Smt. FATHIMA HASYMI Son of /daughter of MUHAMMADALI aged 15 years Residing at MANIYATTUKUDIYIL, PUTHUPPALLY Village KOTHAMANGALAM Taluk KOTHAMANGALAM District ERNAKULAM and

found that he/ she is Orthopaedics / ENT / Psychiatry / Ophthalmic handicapped by Congenital Deafness the partial / permanent / Temporary / Disability is 85% (words Eighty Five percent only)
Belong to MILD / MODERATE / SEVERE / TOTAL category
Identification marks:

1. Black mole (M) side of neck
2. Black mole (M) mandibular border

BOARD MEMBERS

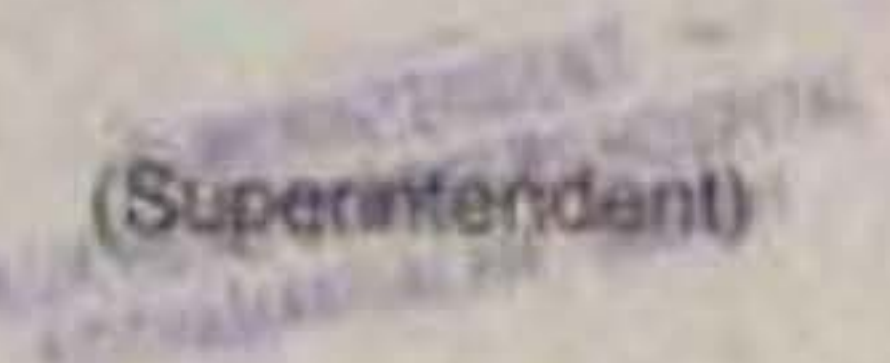
	Department	Name, Designation & Reg No.	Signature
1	Physiatrist	<u>Dr. ARUN T. K. Consultant 18369</u>	
2	Orthopaedician	<u>Reg. No. 27604</u>	
3	Ophthalmologist	<u>Dr. Lijith S. Senior Home 22691</u>	
4	ENT Surgeon	<u>Dr. Rajas M. M. M. Jn. Consult</u>	
5	Psychiatrist		

Kothamangalam
Date 16.7.2014

(Office Seal)

M. Lakshmi
Chairman

MILD Less than 40%
MODERATE 40 % and above


(Superintendent)



GOVERNMENT OF KERALA
SOCIAL WELFARE DEPARTMENT
IDENTITY CARD FOR PERSONS WITH DISABILITIES

കേരളസർക്കാർ സാമൂഹിക ക്ഷേമ വകുപ്പ്
 വ്യക്തിത്വ കാർ വ്യക്തിത്വ കാർ

No **EKM HS00530134**
 Date of issue **19-10-2010**
 Name **Githin Venu**
 പേര് **ഗിതീൻ വേണു**
 Date Of Birth **01-02-2000**
 Valid Upto **5 Y**
 Percentage of Disability : **75 %**
 Nature of Disability **HS, Hearing & Speech Impairment**



Signature of Card Holder

Signature of Issuing Authority

Address **Pulikallungal (H), Vettioor, Nellikud p.o**
 Gender **Male**
 Blood-Group
 Identification **Black mole left side of forehead**

Instructions
 The holder of the identity card for person with disabilities is eligible to claim various benefits provided by Central Government/State Government/Statutory Bodies and other local authorities in accordance with the Act/Rule/Instruction issued by these authorities from time to time.
 Whoever fraudulently avails or attempts to avail any benefits meant for persons with disabilities shall be punishable with imprisonment for the term which may extend to two years or with fine which may extend to twenty thousand rupees or with both.

GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH SERVICES
MEDICAL BOARD CONSTITUTED BY DISTRICT MEDICAL OFFICER
(Constituted as per GO (p) No.202/2009/H&FWD Dtd. 26-06-09)

Appl. No. 696346

Date: 3/11/10

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer /superintendent, Medical college Hospital..... examined Shri/Smt/Kumari/

Master RINZEENA NIZAR VAKKANDATHIL

ANICADU AVOLY (name and Address of the applicant) aged 10 yrs

on 3/11/10 (date). He/She is having 20 % (Twenty percent

in words) of Permanent / Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation /

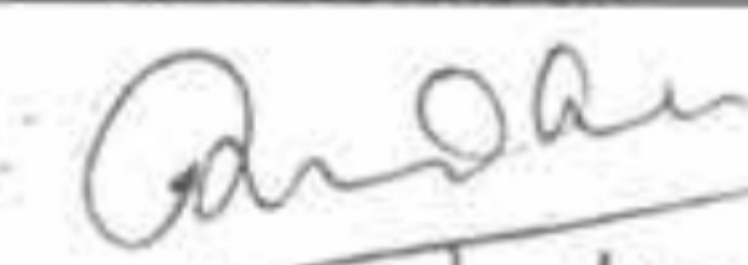
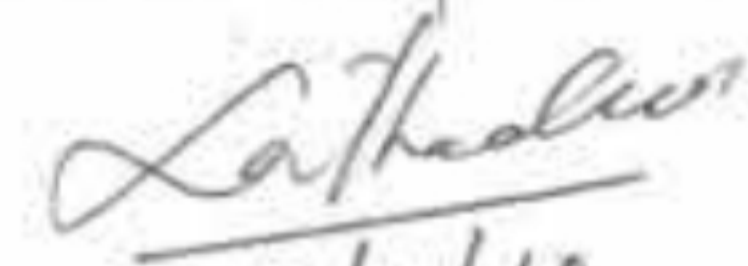
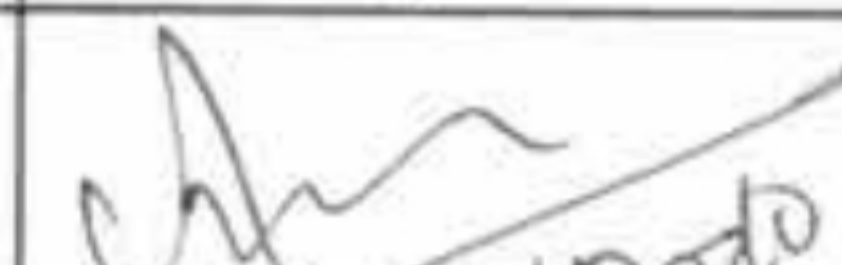
Mental Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to

his/her Microtia (left ear)

1. This disability is classified as * mild / moderate / severe / profound / total.
2. This condition is * progressive / likely to improve / not likely to improve.
3. Reassessment is * not recommended / recommended after a period of months / years.

* Strike out which ever is not applicable

- Identification marks of the applicant. 1.
2.

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	(Mrs.) PRABHA SUDHAKARAN M.B.B.S., D.J.C Medical Consultant (E.N.T.) Reg. No. 13747 T.H.O Hospital Muvattupuzha	 3/11/10
2	Doctor 2	Dr.LATHA DEVI.T M.B.B.S.,D.O. EYE SPECIALIST Reg. No.13012	 3/11/10
3	Chairman	Dr. A.S.A. I.S.S. Superintendent Muvattupuzha	 3/11/10

Signature / Thumb impression of patient.





TALUK LEVEL MEDICAL BOARD CERTIFICATE

No. B3-8/2018

Signature of the applicant
Vishnu K.S.

Jr. Consultant
Health Services

SRI.VISHNU K.S. aged 18 Year, Address KORUMPOOR (HOUSE), MUDAKKUZHA P.O. , AKANAD, ERNAKULAM DISTRICT whose signature is given above and has been examined by the Taluk Level Medical Board today and we find that he/she is suffering From Bilateral mixed Hearing loss and hence he/she is loco-motor/visually/speech and hearing/Mentally/Handicapped and the resultant permanent/partial disability is assessed to be 40% to 50% (Fifty Forty) and come under Moderate category.

Ramesh
Dr. ARUVI
PHYSIATRIST

Dr.
PSYCHIATRIST

[Signature]
Dr. ORTHO SURGEON

[Signature]
Dr. ENT SURGEON
Dr. DEEPA R NATH
MBBS, DLO
Jr Consultant ENT
Health Service
Reg. No. 26731

[Signature]
Dr. OPTHALMOLOGIST
SUSAN THOMAS
MBBS, MS, DO, DNE
Consultant (Ophthalmology)
Health Services
Reg. No. 22691

Place: Perumbavoor
Date: 17.01.2018

CHAIRMAN
TALUK LEVEL MEDICAL BOARD
SUPERINTENDENT
T.H.Q. HOSPITAL, PERUMBAVOOR



DISTRICT MEDICAL BOARD ERNAKULAM
DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSON

(Vide Government of India, Ministry of Welfare
 Lr. N: A2.83, New Delhi Dated : 06-03-1996)

No. C2- MB/ 629/18
 Signature / Thumb impression of Patient :

Dated : 25-1-18

Sri/Smt/Master/Kumari ERATHA ANITA
 aged 23 years residing at Aglihal H7
M. S. S. Nagar, Ernakulam
 whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the 25th of January 2018, and we find that he / she is suffering from retrobulbar ops/p surgery & radicular dev and hence he/she is locomotor/ visually / speech and hearing / mentally / multiple handicapped and the resultant permanent / Temporary disability is assessed to be 30% (Thirty percent) and come under mild category.

The certificate issued by the Medical Board shall make this person eligible under schemed of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified. This certificate is not valid for legal purpose.

Board Members

Sl.No.	Name	Designation	Department	Signature
1.	<u>Dr. Rajesh</u>	Orthopaedician	Orthopaedics	
2.	<u>Dr. JOICY KURIAN</u>	Physiatrist	PMR	
3.	<u>Dr. ANILUKE</u>	ENT Surgeon	ENT	
4.	<u>Dr. TONY</u>	Psychiatrist	Psychiatry	
5.	<u>Dr. SHARMILA C.P.</u>	Ophthalmologist	Ophthalmology	



Signature :
 Name : Dr ANITHAA
 Chairman & Superintendent

(Seal)

Phone : 0484 - 2754000
Fax : 0484 - 2754468



WebSite : www.cmccochin.org
Email : md@cmccochin.org

GOVERNMENT MEDICAL COLLEGE HOSPITAL, ERNAKULAM
Kalamassery, HMT Colony, Kochi - 683 503

Signature/Thumb impression of
Patient:

Anjali



DISABILITY CERTIFICATE

Sri/Smt/Master/Kumari. *Anjali Hari*aged.....*19*.....years
residing at *Pulickal Panambalam, Inchoor, Kothamangalam*.....
.....whose medical board was
constituted by Medical Superintendent of Government Medical College, Ernakulam, and a
medical examination was done for him/her on *1/11/2018*... He / she entertains a diagnosis
of.....*MILD MENTAL RETARDATION (IQ: 68)*.....

He / she has a disability of *50%*..... (FIFTY PERCENT)
1. The disability is classified as *mild*/moderate/severe/profound/total.
2. This condition is progressive/likely to improve/not likely to improve.
3. *Permanent*/recommended after a period of/ age of.....years. This certificate is not valid
for legal purpose

Board Members

Sl.No	Name	Department	Signature
1	<i>DR. SITO JOSEPH</i>	Orthopaedics	<i>[Signature]</i>
2	<i>Dr. Geetha Nair</i>	ENT	<i>[Signature]</i>
3	<i>Dr. Anjali Rami</i>	Psychiatry	<i>[Signature]</i>
4	<i>Dr Manoj Abraham</i>	Ophthalmology	<i>[Signature]</i>

Counter signed by
Date: *1/11/2018*

[Signature]
Dr. Peter P Vazhayil
Medical Superintendent
MEDICAL SUPERINTENDENT
GOVT. MEDICAL COLLEGE, ERM

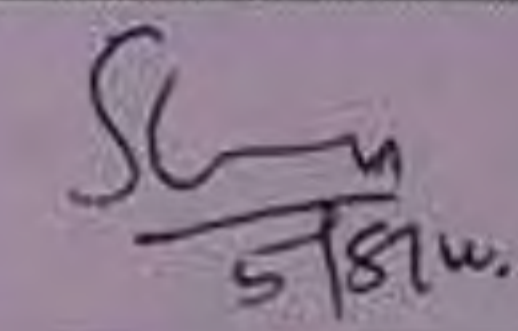
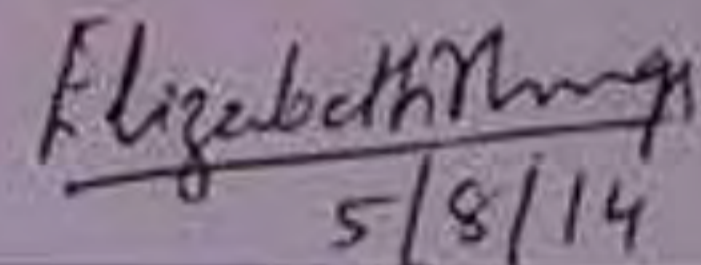

GOVERNMENT OF KERALA
 DEPARTMENT OF HEALTH SERVICES
 MEDICAL BOARD CONSTITUTED BY DISTRICT HOSPITAL ALUVA.
 (Constituted as per Go(p) No. 100/2009/MS & WD Dtd. 26-06-09)



SUPE.
 DISTRICT HOSPITAL
 ALUVA

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the
 District Hospital, Aluva. Examined Shri/Smt./Kumari/Master SANDRA RAY
 (Address of the Applicant) aged 13/F yrs on 5/8/14 (date). He/She is having
100% (forty per cent (10-64) in words) of Permanent/Temporary/
Visual/Speech & hearing/Mental Retardation/Mental Impairment/Autism/Cerebral Palsy/Leprosy cured/Multiple
in relation to his/her mental retardation with poor adaptive function.
 This disability is classified as * Mild/moderate/severe/profound/total.
 This condition is * Progressive/likely to improve/not likely to improve.
 Reassessment is * Not recommended/recommended after a period of _____ Months/Years.
 whichever is not applicable.
 Identification marks of the applicant. 1.
 2.

Doctors	Name, Designation Reg. No. (Seal)	Signature with date
Doctor 1	Dr. T.K. SHAJI, M.D Jr. Consultant Psychiatrist Reg. No. 29109, Health Services Dept	 5/8/14
Doctor 2	JUNIOR MEDICAL CONSULTANT (M.D.) KERALA HEALTH SERVICES REG. NO. 11038	 5/8/14
Doctor 3		
Doctor 4		
Chairman	 SUPERINTENDENT DISTRICT HOSPITAL ALUVA	

Thumb Impression of Patient.





GENERAL HOSPITAL ERNAKULAM
DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSON
 (Vide Government of India, Ministry of Welfare
 Order No. A2.83, New Delhi Dated : 06-03-1996
 ERNAKULAM, COCHIN - 682011)

Eye

MB/2922/15

Seethalakshmi R

Dated : 12/9/15

Signature / Thumb impression of Patient :

Sri/Smt/Master/Kumari : *Seethalakshmi R.*

aged *17* years residing at *Pub. kkam Kunna th CH*
Elangavam, Vayapally, P.O., Kothamangalam, Ernakulam

whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the *17-9-12* of *2015*, and we find that he/she is suffering from *Ophthalmic (L/E) VA-6/6 (R/E) PL (L/E)* and hence he/she is locomotor/ visually / speech and hearing / mentally / multiple handicapped and the resultant permanent / Temporary disability is assessed to be *30% (thirty percent)* and come under *mid* category.

The certificate issued by the Medical Board shall make this person eligible under schemed of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified. This certificate is not valid for legal purpose.

Board Members

Sl.No.	Name	Designation	Department	Signature
1.	<i>Dr. Vishu Mathu</i>	Orthopaedician	Orthopaedics	<i>[Signature]</i>
2.	<i>Dr. Aruvi TP</i>	Physiatrist	PMR	<i>[Signature]</i>
3.	<i>Dr. Anilake</i>	ENT Surgeon	ENT	<i>[Signature]</i>
4.	<i>Dr. Ajesh PR</i>	Psychiatrist	Psychiatry	<i>[Signature]</i>
5.	<i>DR. VIFAYALE K SHY.S</i>	Ophthalmologist	Ophthalmology	<i>[Signature]</i>



Signature : *[Signature]*
 Name : **Dr. DAHLIA V.S**
 Chairman & Superintendent

TALUK HEAD QUARTERS HOSPITAL, THODUPUZHA

CERTIFICATE ISSUED BY MEDICAL BOARD

[G.O.(P)161/97, H & FWD, Dt. 15-05-97]

CERTIFICATE

No. 499/16



Signature/Thumb impression

This is to certify Muhammed Irfan
 aged 16 years residing at Kunnumpurath House,
Edavelty P.O. whose signature/thumb impression above has been
 examined the Medical Board today and we found that he/she is suffering from
Neglected CTEO (R) & Flat foot (L).

We certify that he/she is a Locomotor / Visual / Speech and hearing / Mental / Handicapped and the resultant permanent disability is assessed to be 45% (Joby Jobe

percentage) and comes under the category Mild / Moderate / Severe / profound.

Identification marks 1. A black mole on the (R) collar bone
 2. A black mole on the Sternum

Speciality	Name and designation	Signature
1. Orthopaedics	Reg. No. 20103 Consultant in Orthopaedics & Civil Surgeon District Hospital, Thodupuzha	 Dr. M. J. L.
2. E.N.T	Dr. Niji Varghese Joshua, Jr. consultant (ENT). Reg No. 34252	 16/6/16
3. Ophthalmology	Dr. MERIN GEORGE M.B.B.S.M.S. REG NO. 34319 JR. CONSULTANT OPHTHALMOLOGIST TALUK HEADQUARTERS HOSPITAL MED. V. KANDAM	 16/6/16
4. Physician		
5. Psychiatry	Dr. T.K. SHAJI, M.D. Jr. Consultant Psychiatrist Reg. No. 29109, Health Services Dept.	

TALUK HEAD QUARTERS HOSPITAL
MUVATTUPUZHA

DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSONS

(Vide Government of India, Ministry of Welfare)
Lr. N: A2.83, New Delhi Dated : 06-03-1996



No. C, - 849/17 Dt 8/11/2017

Signature / Thumb impression of Patient:

Sri/Smt Abiltha Preeju

aged 17 years Muzhikkattil (H),

Muvattupuzha, P.O. residing at

Village Muvattupuzha Taluk

whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the 8.11.2017, and we find that

he / she is suffering from Epilepsy & Epilepsy

and hence he/she is locomotor/ visually / speech

and hearing / mentally / multiple handicapped and the result permanent / partial disability is assessed to be

100% (Forty percent)

) and come under Moderate

category.

This certificate issued by the Medical Board shall make this person eligible under schemes of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified.

Board Members

Sl.No.	Name	Designation	Department	Signature
1.	Dr Bharan Gurus	Orthopaedician	Orthopaedics	
2.	Dr ARUN-T.P	Physiatrist	PMR	
3.	Dr. K. V. SATHISHAN	ENT Surgeon	ENT	
4.	Dr Shaji T.K	Psychiatrist	Psychiatry	
5.	Dr Jemala Abdulkhadar	Ophthalmologist	Ophthalmology	



Signature :

Name :

Reg. No: 20495, Superintendent-
General Hospital, Muvattupuzha

Chairman & Superintendent, THQ Hospital, Muvattupuzha

No: 225/16



DISTRICT MEDICAL BOARD CERTIFICATE

Signature/Thumb impression of Candidate: *Lis Mari*

Certified that we the member of the standing Disability Assessment Board at Taluk Headquarters Hospital, Kothamangalam, Ernakulam District examined Smt. LIS MARI
Son of / daughter of SUNNY JOSEPH aged 21 years
residing at VETTILKUDHA Village
KEERAMPARA Taluk
KOTHAMANGALAM District ERNAKULAM and

found that he/she is Orthopaedics/ENT/Phychaitry/Ophthalmic handicapped by Cerebral Palsy
the partial/Permanent/Temporary/Disability is 50% (words Fifty percent)
Belong to MILD / MODERATE / SEVERE / TOTAL category

- Identification marks:
- Black mole left forehead
 - Black mole over back

BOARD MEMBERS

Department	Name, Designation & Reg. No.	Signature
1. Psychiatrist	Reg. No: 18369 Consultant (PMR) General Hospital Ernakulam	<i>[Signature]</i>
2. Orthopaedician	<u>Dr. Prakash Paul</u> Consultant Orthopaedics	<i>[Signature]</i>
3. Ophthalmologist	<u>Dr. Liji Suresh</u> Consultant Ophthalmology	<i>[Signature]</i>
4. ENT Surgeon	<u>Dr. Robin M. Mathew</u> Reg. No: 33797	<i>[Signature]</i>
5. Physiotherapist		

Kothamangalam
Date: 18/3/16 (Office Seal)
MILD Less than 40%
MODERATE 40% and above

Chairman
S. Sivasubai
(Superintendent)
SUPERINTENDENT
TALUK HEAD QUARTERS HOSPITAL
KOTHAMANGALAM - 686 001

FORM VI
(As per RPW Act, 2016)
Certificate of Disability
(In cases of multiple disabilities)
(See Rule 18(1))

GENERAL HOSPITAL, MUVATTUPPUZHA ERNAKULAM DISTRICT

PIN 686661 Phone OFFICE 0485 2836344, Casualty 0485 2832360 e-mail: gmu@gnmuvattuppuzha.gov.in



Certificate No.: C-534/19

Date: 12/6/19

This is to certify that we have carefully examined Shri/Smt/Ms. MARIYA JACOB son/wife/daughter of Shri P.M. CHACKO. Date of Birth (DD/MM/YY) 25-2-2000 Age 19 years, male/female female, Registration No. UAMACHERU, permanent resident of House No. MARADY, Ward/Village/Street MARADY Post Office MARADY District ERNAKULAM State KERALAM, whose photograph is affixed above and am satisfied that:

(A) he/she is a case of Multiple Disability. His/Her extent of permanent physical impairment / disability has been evaluated as per guidelines 49/2016 dtd. 27.12.2016 (number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1	Locomotor disability	@	Infantile Hemiparesis	40% PERMANENT
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism		(U)	
5	Cerebral Palsy			100%
6	Acid Attack Victim			
7	Low Vision	# both eyes	Congenital Myopia	100% (POLY)
8	Blindness	#		
9	Deaf	*		
10	Hard of Hearing	*		
11	Speech & Language disability			
12	Intellectual disability			
13	Specific learning disability			
14	Autism Spectrum Disorder			
15	Mental Illness			
16	Chronic Neurological Conditions			

TALUK LEVEL MEDICAL BOARD CERTIFICATE



No. B3-5344/2018

Anna
Signature of the applicant

ANNA ROBIN aged 19 Years, Address MUNDACKAL (HOUSE),
NADUKANI .P.O.,KOTHAMANGALAM, ERNAKULAM DISTRICT whose
signature is given above and has been examined by the Taluk Level Medical
Board today and we find that he/she is suffering from
specific learning disorder, dysgraphia
dyscalculia, dyslexia
.....and hence he/she is loco
motor/visually/speech and hearing/Mentally/Handicapped and the resultant
permanent/partial disability is assessed to be %
(.....) and come under
..... category.

Dr.
PHYSIATRIST
Dr. BINDHU G.S. MBBS DPMR
Reg.No. 23675
MEDICAL CONSULTANT (PMR)
GENERAL HOSPITAL, ERNAKULAM.

Dr.
PSYCHIATRIST
Dr. M. Rajagopal
Reg. No. 31869
Junior Consultant in Psychiatry
District Hospital, Aluva

Dr.
ORTHO SURGEON
Dr. ASH PAUL P.
Ortho
Hospital,
Medics

Dr.
ENT SURGEON
Dr. DEEPA. R.NATH
MBBS, DLO
Jr. Consultant ENT
Health Service
Reg.No.26731

Dr.
OPHTHALMOLOGIST
Dr. LIJI SUSAN THOMAS
MBBS, MS. DO. DNB
Consultant (Ophthalmology)
Kerala Health Services

Dr.
PAEDIATRICIAN
Dr. R.D.E. THOMAS M.B.B.S. D.C.H
Reg. No. 14960
Consultant in Paediatrics
Kerala Health Services

CHAIRMAN
TALUK LEVEL MEDICAL BOARD
SUPERINTENDENT
T.H.Q. HOSPITAL, PERUMBAVOOR

Place: Perumbavoor
Date: 21.11.2018



GOVERNMENT OF KERALA
 DEPARTMENT OF HEALTH SERVICES
 MEDICAL BOARD CONSTITUTED BY DISTRICT HOSPITAL ALUVA
 (Constituted as per Govt. No. 202/2009/H&FWD Dtd. 26-06-09)




3/5/2017

Date: 2.05.17

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the
 stendent, District Hospital, Aluva. Examined Shri/Smt./Kumari/Master Asya Mervin
Nusali Sivanian, Changanassery Meredy P C
 and Address of the Applicant) aged 19 yrs on 20.2.17 (date). He/She is having
45 % Fracture Percentage in words) of Permanent/Temporary/
 motor/Visual/Speech & hearing/Mental Retardation/Mental Impairment/Autism/Cerebral Palsy/Leprosy cured/Multiple
 ility in relation to his/her Mental Retardation

1. This disability is classified as * Mild/moderate/severe/profound/total.
 2. This condition is * Progressive/likely to improve/not likely to improve.
 3. Reassessment is * Not recommended/recommended after a period of 2 years Months/Years
- Strike out whichever is not applicable.
 Identification marks of the applicant. 1. A black mark on forehead left side on his hair
 2. A black mark on right elbow

No.	Doctors	Name, Designation Reg. No. (Seal)	Signature with date
1	Doctor 1		
2	Doctor 2		
3	Doctor 3		
4	Doctor 4		
5	Chairman		



DISTRICT MEDICAL BOARD ERNAKULAM
DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSON
Ministry of Welfare, Government of India, New Delhi Dated: 06-03-1995

116

No. C2-

C-118/1186/15

Dated 23/4/15

Signature / Thumb impression of Patient

Sri/Smt/Master/Kumar അമിത പ്രസാദ്

aged 14 years residing at വടക്കൻ പാലം - 83

നീണ്ടല കോളേജ് റോഡ്, തൃശ്ശൂർ - 83, എറണാകുളം

whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the 23rd of April 2015 and we find that he/she is suffering from Mild Mental Retardation (IQ 57 G.H. Class) and hence he/she is locomotor/ visually / speech and hearing / mentally / multiple handicapped and the resultant permanent / Temporary disability is assessed to be 50% (Fifty percent) and come under Moderate category

The certificate issued by the Medical Board shall make this person eligible under schemes of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified. This certificate is not valid for legal purpose.

Board Members

Sl.No	Name	Designation	Department	Signature
1	<u>Dr. Mohammed Ali</u>	Orthopaedician	Orthopaedics	<u>[Signature]</u>
2	<u>Dr. ARUVI T.P</u>	Physiatrist	PMR	<u>[Signature]</u>
3	<u>Dr. Sri Lanka</u>	ENT Surgeon	ENT	<u>[Signature]</u>
4	<u>Dr. Aniamma George</u>	Psychiatrist	Psychiatry	<u>[Signature]</u>
5	<u>Dr. Dhanya. C-A</u>	Ophthalmologist	Ophthalmology	<u>[Signature]</u>

Signature : [Signature]
 Name : DR. ANNIE P.G
 Chairman & Superintendent



**GENERAL HOSPITAL
MUVATTUPUZHA**

DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSONS

(Vide Government of India, Ministry of Welfare)
Lr. N: A2.83, New Delhi Dated : 06-03-1996



No. C-914/17 Dt 13/12/17

Signature / Thumb impression of Patient

Sri/Smt F.E.B.Y. N. RAJU

aged 21 years Neelungal (H) Kummackal P.O.

Valecom.

residing at

Village Moovattupuzha.

Taluk

whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the 13.12.2017, and we find that

he / she is suffering from Cerebral Palsy

and hence he/she is locomotor/ visually / speech and hearing / mentally / multiple handicapped and the result permanent / partial disability is assessed to

be 75% (Seventy five percentage)

) and come under moderate

category.

This certificate issued by the Medical Board shall make this person eligible under schemes of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified.

Board Members

Sl.No	Name	Designation	Department	Signature
1	Dr. Ashwan Sankar	Orthopaedician	Orthopaedics	[Signature]
2	Dr. V.S. Rajmwan	Physiatrist	PMR	[Signature]
3	Dr. K. S. Srinivasan	ENT Surgeon	ENT	[Signature]
4	Dr. Mani Rajagopal	Psychiatrist	Psychiatry	[Signature]
5	Dr. Tamasle Abdulhadar	Ophthalmologist	Ophthalmology	[Signature]

Signature

Name

Dr. S.H. M. M.

Chairman & Superintendent, THQ Hospital, Muvattupuzha

GENERAL HOSPITAL
MUVATTUPUZHA

DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSONS
(Vide Government of India, Ministry of Welfare)
Lr. No. A2.83, New Delhi Dated: 06-03-1996



No. C1 147/18 Dt 9/5/18
Signature / Thumb impression of Patient

Sri/Smt T.M. Jijo
aged 17 years KALAPPUZHA (A)
NADUKANI (P.O) residing at

Reg. No. 28105 (T.M.C.)
Health Services Department

Village Taluk
whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the 11/2/2018, and we find that

he / she is suffering from Mental Retardation

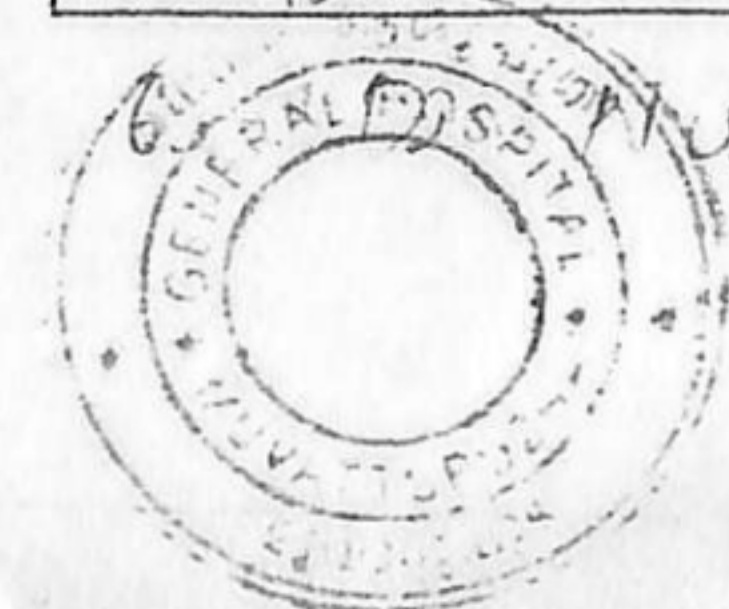
and hence he/she is locomotor/ visually / speech and hearing / mentally / multiple handicapped and the result permanent / partial disability is assessed to be 50% (fully only)

) and come under Child category category.

This certificate issued by the Medical Board shall make this person eligible under schemes of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified.

Board Members

Sl.No.	Name	Designation	Department	Signature
1.	<u>Dr. James Simon</u>	Orthopaedician	Orthopaedics	<u>[Signature]</u>
2.		Physiatrist	PMR	
3.	<u>Dr. Suresh chandran R</u>	ENT Surgeon	ENT	<u>[Signature]</u>
4.	<u>Dr. Raj T.K</u>	Psychiatrist	Psychiatry	<u>[Signature]</u>
5.	<u>Dr. Nisha Mary Sunny</u>	Ophthalmologist	Ophthalmology	<u>[Signature]</u>



Nisha M. Chacko Psychiatrist
Signature
Name
Chairman & Superintendent, THQ Hospital, Muvattupuzha