



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES

(Hospital based autonomous academic Institute, under
Government of National Capital Territory of Delhi, dealing with)
"Brain – Mind Problems & their Solutions"

Dilshad Garden, Delhi 110 095 (India)

Tel.: 2211 2136 Fax: 2259 9227, E-mail: directorihbas@vsnl.net; website: ihbas.delhigovt.nic.in

FORM – IV

DISABILITY CERTIFICATE

(for disability related to mental illness / mental retardation / multiple disabilities with mental illness or mental retardation)

Certificate No MT-82 Date 14/06/2013

This is to certify that I have carefully examined

Shri / Smt. / Kum. ADITYA SINGH

son / wife / daughter of Shri MAHESH SINGH

Date of Birth 16.12.1995 Age 17 years

Sex....MALF....Registration No. 2013-01-3841

permanent resident of B-2/2178, PARK VIEW APPARTMENT, VASANT KUNJ,

..... NEW DELHI-110070 whose

photograph is affixed above, and am satisfied that he / she is case of ...MENTAL... Disability. His

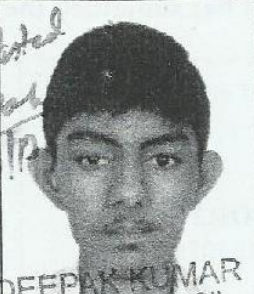
/ Her extent of percentage physical impairment / mental disability has been evaluated as per the

guidelines (to be specified) and is shown against the relevant disability in the table below: -

S.No.	Disability	Affected part of body	Diagnosis	Permanent / temporary physical impairment / mental disability (in %age)
1.	Mental retardation	X	X	X
2.	Mental illness		SPECIFIC LEARNING DISORDER OF MIXED TYPE WITH BORDERLINE INTELLIGENCE (IQ=71) (ICD-10 code F-81.3)	* MODERATE TO SEVERE IMPAIRMENT

(Please strike out the disabilities which are not applicable)

* As of now, there are no methods or tests for quantifying degree of disability in cases of Dyslexia – scientifically agreed upon or administratively approved. In view of the above, it is stated that the clinical grading of Dyslexia as Moderate should be considered as satisfying the need of the degree of disability being over 40% as required by the PWD Act, 1995.

Attested
Pd/Dr

Dr DEEPAK KUMAR
Regn. No. 13623 (MCI)
Associate Professor & Head
Dept. of Psychiatry & Psycho
IHBAS, Delhi-110095

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

assessment of disability is:

Not necessary

OR

Is recommended / afterX..... yearsX..... months, and therefore this
certificate shall be valid tillX..... (DD-MM-YYYY)

applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority issuing certificate
PASSPORT NO. H1453016	11.11.2008	REGIONAL PASSPORT OFFICE, NEW DELHI

Vibha Sharma
12/6/13
Dr. Vibha Sharma)
Assoc. Prof. of Clinical Psychology
(Member)

Dr. VIBHA SHARMA
Associate Professor
Dept. of Clinical Psychology
IHBAS, Delhi-110095

Rajesh Kumar
12.6.13
(Dr. Rajesh Kumar)
Assoc. Prof. of Psychiatry
(Member)

Dr. RAJESH KUMAR
Regn. No. 29943 (MCI)
Associate Professor Psychiatry
IHBAS, Delhi-110095

Deepak Kumar
12/6/13
(Dr. Deepak Kumar)
Assoc. Prof. & Acting HOD Psychiatry
as Vice Chairperson of Medical/
Disability Board

Dr. DEEPAK KUMAR
Regn. No. 13623 (MCI)
Associate Professor & Head
Dept. of Psychiatry & DMS
IHBAS, Delhi-110095

ADITHA SINGH
Signature / thumb
impression of the person in
whose favour Disability
Certificate is issued