

# 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: director@ihbs.vsnl.net website: ihbs.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 ..... M.I.C. 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....MALE...Registration No. ..... 2013-01-3841.....

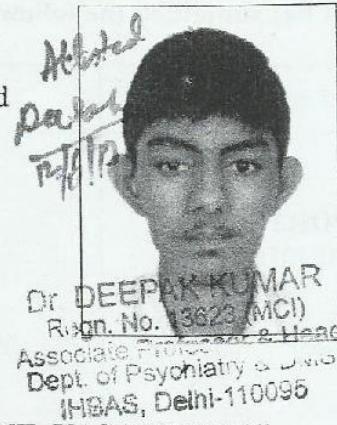
permanent resident of ..... B-2/2178, PARK VIEW APPARTMENT, VASANT KUNJ,.....

..... 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.



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

Assessment of disability is:

Not necessary

OR

Is recommended / after .....X..... years .....X..... months, and therefore this certificate shall be valid till .....X..... (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.<br>H1453016 | 11.11.2008    | REGIONAL PASSPORT<br>OFFICE, NEW DELHI   |

.....  
Vibha Sharma  
Dr. Vibha Sharma  
Assoc. Prof. of Clinical Psychology  
(Member)

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

.....  
Rajesh Kumar  
Dr. Rajesh Kumar

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

.....  
Deepak Kumar  
(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

.....  
ADITI SITAFI

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