

Sl. no. 79/97

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ANNEXTURE - III

Government of India  
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS  
MINISTRY OF HOME AFFAIRS

Attested Photograph  
of the Candidate/to show  
the nature of disability  
and any appliance it used.

9 Cm



Attested the photograph

of Shri / Smt. / Kumari

Tu'dewesh Nayak

son / Daughter / wife of Shri

Kali Kinkar Nayak

Signature of Civil Surgeon.

बसन्तक णल्य चिकित्सक-सह-  
मुख्य चिकित्सा पदाधिकारी  
पूर्वी सिंहभुम, जमशेदपुर

Office Stamp.

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BRIEF DESCRIPTION OF THE DISABILITY

Weakness, wastage & Throbbing &  
deformity left upper limb.

(d) How far Disability is likely to interfere in the normal Discharge of duties of  
( Group-C-Non-Technical posts ) In Govt. of India ;

(e) EXTENT OF DISABILITY :

Fifty Two percent.

Estimate in percentage ( MC. Bride scale ) Of Anatomical Function ( Patients  
Assessment Examiner Assessment ) Economicals Basis

(f) USE OF APPLIANCE :

( Tick relevant from following list )

Collar, Crutch, above Knee, Below Knee, Prosthesis, Cane, Unilateral Bilateral,  
above Elbow, Below Elbow, Hemipelyctomy, shoulder Dis-Articulation.

7. Any operation Done or Indicated :

8. Any other particulars to clarify the nature and extent of disability that the surgeon  
might like to point out

*[Signature]* 5.4.97

Signature of orthopedic surgeon

Dept. of orthopaedics  
MBM Medical College Hospital,  
Jamshedpur

Signature of Candidate *Lalibesh Nayak* Designation

Place

Date

*[Signature]*  
5/4/97



Office Stamp

Address

*[Signature]*  
5/4/97

महानक पदवी चिकित्सक-सह-  
मुख्य चिकित्सा पदाधिकारी  
पूर्वी सिंहभूम, जमशेदपुर

MAHESHWAR PRASAD

(2)

ANNEXTURE-2

Government of India  
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS  
MINISTRY OF HOME AFFAIRS

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY HANDICAPPED CANDIDATE

(NOTE :- AN ORTHOPAEDICALLY HANDICAPPED PERSON IS ONE who has physical defect or deformity which causes interference with the normal functioning of bones muscles or Joints as mentioned in the Annexure to the Department of personnel & Administrative Reforms Office order No. 35035 / 6 / 77-EST (C) dt. 4-11-77 No 35035 / 5 / 88 Estt. (SCT) dt. 4-5-90

certified that I Dr. A. K. Barchwal  
Registration No. DISICOLRA PAT have this day at 05-07-1997

certified the applicant whose particulars are given below and that he/she falls within above definition.

Name of Candidate Tridewesh Nayak  
Identification Marks A cut mark on left eyebrow.

Father's Name K. K. Nayak

Sex Male  
Approximate Age 16 yrs. old

a) NATURE OF DISABILITY :  
( Tick relevant from following list )

- Post polio paralysis, Hemiplegia, Mandroplegia, Malunited Fracture Nerve para-
- Upper Extremity, Lower Extremity, Limpl painful shortening, Deformity, Conge-
- Acquired, Above-Knee, below Knee, Hip, Hamipalveotomy, Symus, C-oo-partu,
- Fingers, Below, Above, Elbow, shoulders, Fore Quarter, Unilateral, Eitaturfal
- onia Gravis (Eye)

b) CLINICAL DIAGNOSIS Post polio shoulder weakness  
Rt. upper limb.