

Certificate of Disability
 (In cases other than those mentioned in Form I and II)
 (Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)
 (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)



Date :

18/07/2024

Certificate No. : E₂-1919/2023/GHT

This is to certify that I have carefully examined

Shri/Smt./Kum. Aswathy Vinod

son/wife/daughter of Shri Vinod Date of

Birth (DD / MM / YY) 13/5/1999

Age 25 years, male/female female Registration No. _____

permanent resident of House No. TC 4/24A-4 Ward/Village/Street Malayath Lane

Post Office Okal Nagar District _____ State Kerala

photograph is affixed above, and am satisfied that he/she is a Case of deafness disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) 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	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid Attack Victim			
6	Low vision	#		
7	Deaf	€		
8	Hard of Hearing	€	<u>deafness</u>	<u>75% (G7!)</u>
9	Speech and Language Disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum disorder			
13	Mental-illness			
14	Chronic Neurological Conditions			

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15	Multiple sclerosis			
16	Parkinson's disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

2. The above condition is ~~progressive~~ ^{Not Permanent} / ~~non-progressive~~ / ~~likely to improve~~ / not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended / after _____ years _____ months, and therefore this certificate shall be valid till (DD / MM / YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

4. The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate
Adhaar	9/11/20	Govt of Kerala

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned



DR. SULPHINA
Consultant in ENT
20393/92
Kerala Medical Council
General Hospital, Thiruvananthapuram

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}



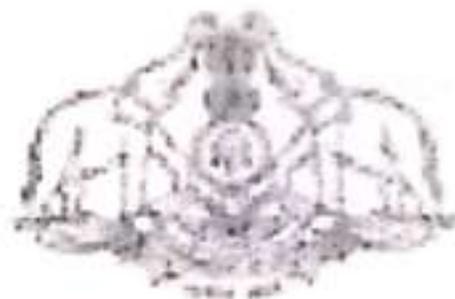

Superintendent
General Hospital
Thiruvananthapuram





UNIQUE DISABILITY ID

Government of India



നാമ / Name

അശ്വതി വിനോദ്

Ashwathy Vinod

UD ID

KL1490019990122571

Disability Type

Hard of Hearing

Year of Birth

1999

% of Disability

67% (Sixty Seven Percent)

Date of Issue

21/03/2022

Valid upto

Permanent



Issuing Authority Sign

UNIQUE DISABILITY ID

Government of India



STATE ID:

N/A

Aadhaar No.

*****2551



Address of the Card Issuing Authority State/District
level

**Dmo Office, Thiruvananthapuram,
Thiruvananthapuram, Kerala**