

Government of Maharashtra

Form-II

Disability Certificate

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)
(See rule 4)



NAME OF THE HOSPITAL: **Govt. Medical College Hospital, Nagpur**
(Maharashtra, India)

Certificate Number: **126588**

Date: **20/11/14**

This is to certify that I have carefully examined.

Person Identification Number: **VI50500177406**

Aadhar Number: **N/A**

Shri/Smt./Kum: **gaur pratik rajesh**

Father Name: **Shri/Smt./Kum. rajesh**

Date of Birth (dd/mm/yyyy): **27/02/2000**

Age: **14**
years

Gender: **Male**

Permanent Address:

House Address: **plot no 548 new nandanvan**

Village: **Nagpur**

Taluka:

Nagpur

Pincode:

440009

District: **Nagpur**

I am satisfied that:

(a) He/She is a case of: **Visual Impairment**

(b) The diagnosis in his/her case is **MODERTE TO SEVERE DEGREE ENTROPION WITH SEVERE DRY EYES WITH POSTERIR POLAR CATARACT BOTH EYES**

He/She has **100 %** (in figure) **One Hundred** percentage (in words) Permanent in relation **Visual Impairment** to his/her **Both Eyes** (part of body) as per guidelines (to be specified)

2. Reassessment of disability not necessary

The applicant has submitted following documents as proof of residence:

Aadhar Card

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

Dr. Mona Deshmukh

Dr Ramesh Parate

Dr Jagadish B Hedawoo

Assistant Professor, Dept. Of Ophthalmology and
Govt. Medical College Hospital, Nagpur

(Reg. No. 67949)

Regn. No. : 67949

Dy. Medical Superintendent and
Member Disability Board

Member Secretary

Regn. No. : 74624

Medical Superintendent and
Chairman Disability Board

President

Regn. No. : 50919

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.