Form - IV

Disability Certificate
(In cases other than those mentioned in Forms II and III)
(see rule 4)

INDIRA GANDHI GOVERNMENT GENERAL HOSPITAL AND POST GRADUATE INSTITUTE, PUDUCHERRY AND
DISTRICT DISABLED REHABILITATION CENTER, PCDW & DAP
PUDUCHERRY

Certificate No. 1474.
Date: 13-8-15

This is to certify that I have carefully examined

Hri/Smt./Kum. V. GAYATHRI

on/wife/daughter of Shri VELUSAMY

Date of Birth (DD) (MM) (YY) Age 22 Years, male/female Female

Registration No. permanent resident of House

o. 113 Ward/Village/Street Kamraj St. Muthilingampet

Post Office District State Puducherry

Those photograph is affixed above, and am satisfied that He/She is a Case of

Visual disability. His/her extent of percentage physical Impairment/Impairment has been evaluated as per guidelines (to be specified) and is shown against the relevant sability in the table below.

V. Gayathri
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent Physical impairment/mental disability (in%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Low vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Blindness</td>
<td>Both Eyes</td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td>4.</td>
<td>Hearing impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Above condition is progressive/ non-progressive/ likely to improve/ not likely.

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 document as proof of residence:

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority Issuing Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ration Card</td>
<td></td>
<td>Dept. of Civil Supply</td>
</tr>
<tr>
<td>I.D. Card</td>
<td></td>
<td>Election Commission of India</td>
</tr>
<tr>
<td>Aadhar Card</td>
<td></td>
<td>Govt. of India</td>
</tr>
</tbody>
</table>

(Authorised Signatory of Notified Medical Authority)

Dr. R. Anand

(Name and Seal)

N. Garg

Countersigned

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India vide notification number S.O 908(E), dated the 31st December, 1996.
Disability Certificate
(In cases other than those mentioned in Forms II and III)
(see rule 4)

INDIRA GANDHI GOVERNMENT GENERAL HOSPITAL
AND POST GRADUATE INSTITUTE, PUDUCHERRY
AND
DISTRICT DISABLED REHABILITATION CENTER, PCDW & DAP
PUDUCHERRY

Certificate No. 1201
Date: 19-11-15

This is to certify that I have carefully examined

Shri/Smt./Kum. G. ANANDU
Son/wife/daughter of Shri SHANMUGAM

Date of Birth 09 04 1996 Age 19 Years, male/female Male

Registration No._-1201/2015_ permanent resident of House
No. 38 Ward/Village/Street Chetti kollam Road Manakula Vinayak Nagar
Post Office Dist. State Puducherry

Whose photograph is affixed above, and am satisfied that He/She is a Case of

__________ Visual ________ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below.
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent Physical Impairment/ Mental Disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Locomotor disability</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2</td>
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<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hearing Impairment</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>Mental-Illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The above condition is progressive/ 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 ________ ________ ________

@ 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 document as proof of residence:

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<th>Date of Issue</th>
<th>Details of authority Issuing Certificate</th>
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</thead>
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<td>Aadhar Card</td>
<td></td>
<td>Govt. of India</td>
</tr>
<tr>
<td>Ration Card</td>
<td></td>
<td>Dept. of Civil Supplies</td>
</tr>
</tbody>
</table>

(Authorised Signatory of Notified Medical Authority)

Dr. R. A. MUDHAVALLI, M.D., M.R.C.P.
HEAD OF THE DEPT. OPHTHAL
Reg. No. 43151
IGGMH & PCI, Puducherry.

Countersigned

Medical Superintendent
Indira Gandhi Govt. General Hospital
And Post Graduate Institute
Puducherry.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India vide notification number S.O 908(E), dated the 31st December, 1996.
Certified that I, Dr. A CHANDRAN N A N.D. - B, Specialist Grade-I/II in Orthopaedics have this 15/10/2001 day of examined the applicant whose particulars are given below and that he/she falls under the category of Orthopaedically Handicapped person.

1. Name of the applicant: SENGENI ANNAL
2. Age and Sex: 5 years Male/Female
3. Father's/Husband's name: DO LOGRAMAN
4. Nature of disability: Organically Handicapped
5. Extent of disability (As per the Manual for Orthopaedic Surgeons in evaluating permanent physical impairment): 607. CSx
6. Any specific recommendations

Signature of applicant

To

Thiru/Tnmt/Servi

SIGNED

By all &

R.M. Math. Puran
Pondicherry
DEPARTMENT OF ORTHOPAEDICS, GOVERNMENT GENERAL HOSPITAL, PONDICHERRY AND DISTRICT CENTRE FOR THE DISABILITY, D.S.W., PONDICHERRY.

MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY HANDICAPPED PERSONS

No: GHP/Ortho/Cert/12512/189/6 Dated: 21.2.2006

Certified that, I, Dr. K. NANTHAKUMARA, Grade 1 Orthopaedics Specialist have this day of 21.2.2006 examined the applicant whose particulars are given below and that he/she falls under the category of orthopaedically handicapped persons.

1. Name of the applicant: H. MAHALAKSHMI
2. Age and Sex: 38 - Female
3. Father's or Husband's Name: Harikrishnan
4. Address: 50, 2nd Cross, Tharamani Nagar, Pondicherry
5. Nature of disability: Stabular navicular head of femur with shortening of tibia and lower half in calf 40 cm
6. Extent of disability (as per the manual for Orthopaedically surgeons in evaluating permanent physical impairment):

7. Any specific recommendations
8. Purpose of issue of certificate
9. Identification Marks of the applicant:

H. Mahalakshmi
Signature of applicant

To

Dr. K. NANDAKUMARA, Grade 1 Orthopaedist
Specialist in Orthopaedics
Regd. No. 30000 (Tamil Nadu)
Govt. General Hospital
Pondicherry

COUNTERSIGNED

H. Mahalakshmi
DEPARTMENT OF ORTHOPAEDICS, GOVERNMENT GENERAL HOSPITAL, PUDUCHERRY AND DISTRICT CENTRE FOR THE DISABILITY, D.S.W., PUDUCHERRY.

MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY HANDICAPPED PERSONS

No. GHP/Ortho/Certif 2318. Date 9-4-14

Certified that, I, Dr. P. MUTHAIYAN........Grade. I Orthopaedics
Specialist have this day of..............examined the applicant Whose particulars are
given below and that he/she falls under the category of orthopaedically handicapped persons.

1. Name of the applicant

2. Age and Sex

3. Father's or Husband's Name

4. Address

5. Nature of disability

6. Extent of disability (as per the manual for Orthopaedically surgeons in evaluating permanent physical impairment)

7. Any specific recommendations

8. Purpose of issue of certificate

9. Identification Marks of the applicant

P. Guhan
Signature of applicant

To

Signature of the Specialist in Orthopaedics
Dr. P. MUTHAIYAN, M.S. Ortho.
Specialist Gr. I (Ortho. Paediatrics)
Reg No: 4176
Indira Gandhi Govt. General Hospital
And Post Graduate Institute, Puducherry.

Medical Superintendent
And Post Graduate Institute, Puducherry.
**MEDICAL CERTIFICATE FOR THE DEAF**

1. Name of the candidate: Pavithra
2. Father's name: D/o Chandrasekaran
3. Sex: Female
4. Address: A-1, Royal meghal, Manavelli, Aravakkam, Pandy
5. Identification marks of the applicant: (1) ARM on (RB) need

6. An estimate of the residual hearing, if any and the basis on which this estimate has been arrived at:
   - (i) Right ear
   - (ii) Left ear

7. Candidates who fall under the following categories are considered by the National Employment Services as Hearing Handicaps:

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of impairment</th>
<th>DB level</th>
<th>Speech discrimination</th>
<th>Percentage of impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Mild hearing impairment</td>
<td>dB 26 to 40</td>
<td>80 to 90%</td>
<td>Less than 40%</td>
</tr>
<tr>
<td>II (a)</td>
<td>Moderate hearing impairment</td>
<td>dB 41 to 60 in better ear</td>
<td>50 to 80%</td>
<td>40% to 50%</td>
</tr>
<tr>
<td>II (b)</td>
<td>Severe hearing impairment</td>
<td>dB 61 to 70 in better ear</td>
<td>40 to 50%</td>
<td>51% to 70%</td>
</tr>
<tr>
<td>III (a)</td>
<td>Profound hearing impairment</td>
<td>dB 71 to 90 in better ear</td>
<td>Less than 40%</td>
<td>71% to 100%</td>
</tr>
<tr>
<td>III (b)</td>
<td>Total deafness (91 dB and above)</td>
<td></td>
<td>Very poor discrimination</td>
<td>100%</td>
</tr>
</tbody>
</table>

**CERTIFICATE**

Certified that I, Dr. R. Sachidanandam examined Pavithra Chandrasekaran, son/daughter/wife of Thiru, who is not a speech and hearing handicapped person under Category No. II (b).

Station: Pandy
Date: 24/11/87

To Pavithra
Thiru/Tnt./Selvi

Signature of the Specialist in E.N.T.

R. Sachidanandam