

Sheth N.L. General Hospital, PATAN. (N. G.)

No / Certi /

12991-3
2003

Office of the civil Surgeon
General Hospital, Patan

Date: 30-12-2003

CERTIFICATES FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum પ્રજ્ઞાલિ સુભાષી જાહેરામી
Son/wife daughter of Shri પ્રજ્ઞાલિ જાહેરામી સુભાષી
Age 7 old male/female. Registration No. 11260/12
is a case of RPM (RP) L.L.
He/She is physically disabled/Visual disabled/speech & hearing disabled and
has 40 % જાડા per cent) permanent (physical
Impairment visual impairment/speech & hearing impairment) in relation to
his/her પેડ

Note :

1. This condition is progressive/non-progressive/likely to improve/not likely to improve
2. Re-assessment is not recommended/is recommended after a period of _____ months/years

Stril



ple.



R.M.O.
Resident Medical Officer
General Hospital Patan (N.G.)
Orthopedic / Opt / ENT.
Surgeon
General Hospital,
Patan

Chief District Medical Officer
Chief Civil Surgeon
General Hospital
PATAN (N.G.)

C.D.M.O. Cum
Chief District Medical Officer
General Hospital,
Patan (N.G.)

Print

Close

Disability Certificate Form IV

(In cases other than those mentioned in Forms II and III)

Health and Family Welfare Department, Govt. of Gujarat



No. 1858
5/12/14



Dr. Ajay R. Yadav
Orthopaedic Surgeon
G.R.No. G-17250
G.H. Palanpur.

o.: 107009

Date: 05/12/2014

I certify that I have carefully examined

Mr. સાદીકબલી ચૌધરીdaughter of Shri પ્રસાદભાઈBirth (DD / MM / YYYY) 03/04/1999 Age 15 Year(s) MaleCen No. BNK/14/01019269s M - Po - Bhagal, Bhagal (Pipli), PALANPUR, BANASKANTHAA photograph is affixed above, and am satisfied that he/she is a case of
Locomotor Disability disability.The extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified),
as shown against the relevant disability in the table below:-

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotors Disability	Spine	1) Congenital scoliosis due to congenital bony malformation	40 (Fourty)

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

Reassessment of disability is: Not Necessary

The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of issue	Details of authority issuing certificate
Identification Card	25/05/2013	Mamlatdar Palanpur

I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I
further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is
declared on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

સાદીકબલી ચૌધરી

Signature/ Thumb impression in
case of non-favourable disability certificate
issued

Dr. સાદીકબલી ચૌધરી
Civil Surgeon
Palanpur

Dr. Ajay R. Yadav
(Authorized Signature of notified
Medical Authority)
(Name and Seal)
G.R.No. 17250
G.H. Palanpur

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)

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."



Disability Certificate Form-IV
(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat

N0-2442
27/08/24



Certificate No.: 95377

Date: 27/08/2014

I am to certify that I have carefully examined

Smt./Kum. જાગૃતિશીલ શ્રીમતી

wife/daughter of Shri અમરજીભાઈ

of Birth (DD/MM/YYYY) 02/12/1997 Age 17 Year(s) Male

Registration No. BNK/14/01003714

Residence - Malana, Malana, PALANPUR, BANASKANTHA

A photograph is affixed above, and am satisfied that he/she is a case of
Motor Disability disability.

The extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and shown
in the relevant disability in the table below:-

Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
Locomotor Disability	Multiple	1) Infantile cerebral palsy	85 (Eighty Five)

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

Assessment of disability is: Not Necessary

Applicant has submitted the following document as proof of residence:-

Structure of Document	Date of issue	Details of authority issuing certificate
Barcoded	31/05/2012	Barcoded Sattaaidhakri & TKM Malana Te- Palanpur Dist- Banaskantha

I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state
that I have not received any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be
debarred from any benefits derived and other action as per law.

Signature of
Issuing Authority

(Authorized Signatory of notified on
Medical Authority of Palanpur)
(Name and Seal)
Countersigned

Seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical
officer who is not a government servant (with seal)
This certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the
Medical Superintendent of the District.

This form was published in the Gazette of India vide notification number S.O. 903(E), dated the 31st December, 1996.

Signature of Issuing Doctor	Certificate Issuing Facility
Dr. (G16425)	General Hospital, Banaskantha

Disability Certificate Form-IV
 in cases other than those mentioned in Forms II and III
 Health and Family Welfare Department, Govt. of Gujarat

Not valid for MLC/Court purpose

NO. 1737
 8-8-12



M. B. Yadav
 Orthopaedic Surgeon
 G.R.No: G-17250
 G.H. Palanpur.

242747

Date: 03/08/2016

I have carefully examined

MEHULKUMAR BHIKHABHAI PARMAR

Son of Shri Bhikhabhai

(DD/MM/YYYY) Age 23 Year(s) Male

No. BNK/16/01148512

Palanpur, Vadvana, PALANPUR, BANASKANTHA

Photograph is affixed above, and am satisfied that he/she is a case of Physical disability.

Grading of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor Disability	Multiple	1) Flaccid hemiplegia	45 (Forty Five)

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

3. Reassessment of disability is: Not Necessary

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

Nature of Document	Date of issue	Details of authority issuing certificate
voter Id Card	23/08/2012	MAMLATDAR PALANPUR

certifying: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

Signature/ Thumb impression in
 whose favour disability certificate
 issued M.B.P.

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

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.

Certificate Issuing Doctor	Certificate Issuing Facility
<u>M. B. Yadav (G17250)</u>	General Hospital, Palanpur

M. B. Yadav
 Chief District Medical Officer
 Civil Surgeon, Banaskantha
 Palanpur.

M. B. Yadav
 Authorised Signatory
 Medical Authority
 (Name and Seal)
 Orthopaedic Surgeon
 G.R.No: G-17250
 G.H. Palanpur.

Disability Certificate Form-IV
(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat



NO-1130
16-7-14



General Surgeon
G-16-25
Palanpur

Certificate No.: 88801

Date: 16/07/2014

This is to certify that I have carefully examined

Shri/Smt./Kum. દિપકસુખદેવ પઠીયા

son/wife/daughter of Shri સોમશંકર

Date of Birth (DD / MM / YYYY) 19/10/2000 Age 14 Year(s) Male

Registration No. BNK/14/00994976

Address Palanpur Dhundhiyawadi, Palanpur (M), PALANPUR, BANASKANTHA

whose photograph is affixed above, and am satisfied that he/she is a case of
Locomotor Disability disability.

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines(to be specified), and 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	Multiple	1) Other congenital malformations of upper limb (s), including shoulder girdle 2) Other congenital malformations of lower limb(s), including pelvic girdle	50 (Fifty)

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

3. Reassessment of disability is: Not Necessary

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

Nature of Document	Date of issue	Details of authority issuing certificate
Ration Card	04/09/2012	Mamlatdar Palanpur

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

Dipak S Pathiyal
Signature/ Thumb impression in
whose favour disability certificate
is issued

General Surgeon
(Authorised Signatory of Notified
Medical Authority)
(Name and Seal)
Countersigned

(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))

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.

Printed on Demand

Disability Certificate Form IV
(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat



Not valid for MLC/Court purpose

NO- 2758
28-12-16



Regi No. G-40593

Certificate No.: 269160

Date: 28/12/2016

This is to certify that I have carefully examined

Shri/Smt./Kum. सुरेशकुमार नारायण / SURESHKUMAR NATAVARBHAI BHIL

son/wife/daughter of Shri नरवरायण

Date of Birth (DD / MM / YYYY) Age 18 Year(s) Male

Registration No. BNK/16/01174449

Residence Dhandha, Dhandha, PALANPUR, BANASKANTHA

whose photograph is affixed above, and am satisfied that he/she is a case of
Locomotor Disability disability.

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and 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	LL - Left	1) Sequelae of poliomyelitis	45 (Forty Five)

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

3. Reassessment of disability is: Not Necessary

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

Nature of Document	Date of issue	Details of authority issuing certificate
Aadhar Card	28/12/2016	UNIQUE ID GOVERNMENT OF INDIA

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

Signature/ Thumb impression in
whose favour disability certificate
is issued

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

{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)}

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.

Certificate Issuing Doctor	Certificate Issuing Facility
1. Achyut S Phirke (G40593)	General Hospital, Palanpur

Palanpur, (G.K.)

FOR M.L.C.
2002



No. _____ of 2002
Office of the Chief District Medical Officer
Cum civil Surgeon
General Hospital, Palanpur.
Date: 30/6/2003

PHYSICAL HANDICAPPED CERTIFICATE

This is to Certify that / Mr. / Miss.

Smitkumar Dimshetkar Resi. Palanpur
Tal. Palanpur Dist. B.K. aged. 5 Years,

Is examined by the undersigned for physical disability


1. Disease (1) Monoparesis ul
2. Deformity & disability / handicapped _____
3. Percentage of Disability 1 P.M. 60% (Fairly able)


The person is / is not disabled / handicapped.


Marks of identification. _____



Orthopedic Surgeon
General Hospital, Palanpur


Resident Medical Officer
General Hospital
Palanpur


Civil Surgeon,
Palanpur
Chief District Medical Officer
Cum Civil Surgeon
General Hospital, Palanpur


Orthopedic Surgeon
General Hospital
Palanpur

Disability Certificate Form-IV
(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat



NO-326
25/3/15



Dr. Ajay R. Yadav
Orthopedic Surgeon
G.K.No. 3-17250
G.H. Palanpur.

Certificate No.: 138246

Date: 18/03/2015

This is to certify that I have carefully examined

Shri/Smt./Kum. દેવિદાસ

son/wife/daughter of Shri અમરદાસ

Date of Birth (DD / MM / YYYY) Age 16 Year(s) Male

Registration No. BNK/15/01046524

Address at po- palanpur, Palanpur (Rural), PALANPUR, BANASKANTHA

whose photograph is affixed above, and am satisfied that he/she is a case of

Locomotors Disability disability.

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and shown against the relevant disability in the table below:-

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotors Disability	UL - Right	1) Monoplegia of upper limb	40 (Fourty)

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

1. Reassessment of disability is: Necessary
is recommended/ after 3 years Months, and
therefore this certificate shall be valid till (DD / MM / YYYY) 18/03/2018

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

Nature of Document	Date of issue	Details of authority issuing certificate
Ration Card	03/04/2013	Mamlatdar Palanpur

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

દેવિદાસ
Signature/ Thumb impression in
whose favour disability certificate
is issued

25/3/15
G.H. SURGEON
PALANPUR

Dr. Ajay R. Yadav
Authorised Signatory of notified
Orthopedic Surgeon
(Medical Authority)
G.R. No. 3-17250
G.H. Palanpur
G.H. Countersigned

{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)}

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if

Disability Certificate Form-IV
(In cases other than those mentioned in Forms II and III)
Health and Family Welfare Department, Govt. of Gujarat



No-845
20/07/13



Kumar Yadav
Orthopedic Surgeon
17253

Certificate No.: 26058

Date: 10/07/2013

This is to certify that I have carefully examined

Shri/Smt./Kum. મુખમલિ સેથ

son/wife/daughter of Shri મુજીશમીયી

Date of Birth (DD / MM / YYYY) 23/01/2000 Age 13 Year(s) Male

Registration No. BNK/13/00433156

Address Dangiva, Dantiwada, DANTIWADA, BANASKANTHA

whose photograph is affixed above, and am satisfied that he/she is a case of
Locomotors Disability disability.

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and shown against the relevant disability in the table below:-

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (In %)
1	Locomotors Disability	Multiple	Spastic paraplegia	45 (Forty Five)

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

3. Reassessment of disability is: Not Necessary

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

Nature of Document	Date of issue	Details of authority issuing certificate
Ration Card	17/01/2013	Orthopedic Surgeon

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

M. M. Syed
Signature/ Thumb impression in
whose favour disability certificate
is issued

Kumar Yadav
(Authorised Signatory of notified
Medical Authority)
(Name and Seal)
Countersigned

{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)}

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. 608(E), dated the 31st December, 1996.

Not valid for MLC/Court Purpose

ANNEXURE-A

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate



Certificate No. 1123

Date 28-9-12

Handwritten signature and stamp:
Sd/-
Surgeon
28-9-12

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum Shri Devangir Vijay Kumar
Wife/Daughter of Shri Shri Vijay Kumar
age 14 year Old male/female, Registration No. _____ is a case
of Widening of the jaw He/She is
Physically disabled/Visual disabled/speech & hearing disable and has
100 Percent) Permanent (Physical impairment/visual impairment/Speech
& hearing impairment) in relation to his/her _____

Note :-

1. This condition is progressive/non progressive/likely to improve/not likely to improve.*
 2. Re-assessment is not recommended/is recommended after a period of _____ months / years. *
- * Strike out which is not applicable. *

Sd/
(MEMBER)
Seal

Handwritten signature and stamp:
26/9/2012

Resident Medical Officer,
GMS CI-I
General Hospital,
Palanpur

Sd/
(MEMBER)
Seal

Civil Surgeon,
Palanpur

Handwritten signature and stamp:
Sd/-
Surgeon
(MEMBER SECRETARY)
Seal

Specialist

Handwritten signature and stamp:
26/9/2012
Civil Surgeon
Palanpur

Signature/Thumb impression
Of the Patient.

Countersigned by the Chairman and
Medical Superintendent/CDMO/Head
Hospital (with seal)

ANNEXURE-A

STANDARD FORMAT OF THE CERTIFICATE
NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate



Certificate No. 2838

Date 25-9-09



CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum श्रीमान श्री राजेश कुमार
Son/Wife/Daughter of Shri श्रीमान श्री राजेश कुमार
Age 6 Old male/female, Registration No. 9996 is a case of
Old S.M. 1055 He/She is
Physically-disabled/Visual-disabled/speech & hearing disable and has 60 %
(50 Percent) Permanent (Physical impairment/visual impairment/Speech &
hearing impairment) in relation to his/her

Note :-

1. This condition is progressive/non progressive/likely to improve/not likely to improve.*
 2. Re-assessment is not recommended/is recommended after a period of _____ months / years. *
- * Strike out which is not applicable. *

Sd/
(MEMBER)
Seal

Resident Medical Officer,
GMS CI-I
General Hospital, Palampur
GMS CI-I
General Hospital, Palampur

Signature/Thumb impression
Of the Patient.

Sd/
(MEMBER)
Seal

Civil Surgeon,
Palampur

Civil Surgeon
Palampur

(MEMBER SECRETARY)
Seal

श्रीमान श्रीमान (डॉ. श्रीमान. डी.)
मानव संसाधन विभाग, पलमपुर

Countersigned by the Chairman and
Medical Superintendent/CDMO/Head
Hospital (with seal)