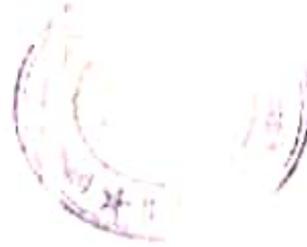


Disability Certificate

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

3883

28.11.14



NAME OF THE HOSPITAL: *District Hospital, Amravati*
(Maharashtra, India)

Certificate Number: *124183*

Date: *19/11/14*

This is to certify that I have carefully examined.

Person Identification Number: *1150300177048*

Aadhar Number: *N/A*

Shri/Smt./Kun: *Nichol Shrawan Pravin*

Father Name: Shri/Smt./Kun. *Pravin*

Date of Birth (dd/mm/yyyy): *18/08/2003*

Gender: *Female*

Permanent Address:

House Address: *Dr. Narendra B. Andha V.*

Village: *Amravati*

District: *Amravati*

I am satisfied that:

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

(b) The diagnosis in his/her case is *BOTH EYE ANOPHTHALMUS*

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:

A certificate of residence issued by a Panchayat, municipality, cantonment board

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

Narendra Sonawale
Dr. Narendra Sonawale
Ophthalmic Surgeon/Oph.
Ophthalmic Surgeon
Member
General Hospital, Amravati
Regn. No. *2301*

[Signature]
Dr. Ashok Wankar
Additional Civil Surgeon
Member Secretary
General Hospital, Amravati
Regn. No. *50007*

[Signature]
Dr. D. M. Karaut
Civil Surgeon
President
General Hospital, Amravati
Regn. No. *2001072599*

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

Note: This is not valid for Medico Legal cases.

