

#### Dr. MGR-JANAKI COLLEGE OF ARTS & SCIENCE FOR WOMEN







# **CRITERION 2**



# TEACHING LEARNING AND EVALUATION



#### Dr. MGR-JANAKI COLLEGE OF ARTS & SCIENCE FOR WOMEN



SATHYABAMA MGR MALIGAI 11 & 13, Durgabai Deshmukh Road, RA Puram, Chennai - 28

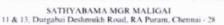
An ISO 9001:2015 CERTIFIED INSTITUTION Affiliated to the University of Madras

# **CRITERION 2**

# 2.1: STUDENT ENROLMENT AND PROFILE 2.1.2. DIVYANGJAN



#### Dr. MGR-JANAKI COLLEGE OF ARTS & SCIENCE FOR WOMEN





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## Verified and Certified Documents

Metric No: 2.1.2

Page No 4 to 60

CHENNAI - 28 PO NEW ON

Principal

PRINCIPAL
DR. MGR JANAKI COLLEGE OF
ARTS & SCIENCE FOR WOME!
CHENNAI - 600 028.

## LIST OF SPECIAL CHILDREN 2018-2019

S.NO	Name	Department	Catagry
1	SWETHA. T	B.COM(G)	HEARING
	-	· · · · · · · · · · · · · · · · · · ·	IMPAIRED
2	MAHESHWARI. S	B.COM(G)	HEARING
			IMPAIRED
3	NIVEDHA. M	B.COM(A/F)	HEARING
			IMPAIRED
4	PRIYA. S	B.COM(A/F)	HEARING
			IMPAIRED
5	PUNITHA. S	B.COM(A/F)	HEARING
			IMPAIRED
6	MALASREE. R	ВВА	HEARING
			IMPAIRED
7	UMA PARAVATHY.	B.COM(A/F)	HEARING
	G		IMPAIRED
8	LAVANYA. S	B.COM(A/F)	HEARING
	4		IMPAIRED
9	VISALATCHI. S	B.COM(A/F)	HEARING
			IMPAIRED
10	SARASWATHI. K	B.COM(BM)	HEARING
			IMPAIRED
11	LOGESHWARI. M	B.COM(BM)	HEARING
			IMPAIRED

12	SANGEETHA. S	B.COM(BM)	HEARING
			IMPAIRED
13	PREETHI. R	BBA	HEARING
			IMPAIRED
14	NARMADHA	BBA	HEARING
			IMPAIRED
15	MAHALAKSHMI. V	BBA	HEARING
			IMPAIRED
16	PRIYANKA	BBA	HEARING
			IMPAIRED
17	RESHMA MARY. H	BBA	HEARING
			IMPAIRED
18	REKHA. D	BCA	HEARING
			IMPAIRED
19	SOWMIYA. K	BCA	HEARING
			IMPAIRED
20	C.SREEKAMAKSHI	BSC (CS)	DOWM
			SYADROME
21	M.SHANMATHI	B.A ENGLISH	DOWM
			SYADROME
22	V.SRIGAYATHRI	B.A	LEARING
		ENGLIISH	DISORDER
23	N.SANJANA	B.A	DYSLEXIA
		ENGLIISH	
24	M.DHANUVASHINI	M.A	CESHRAL
		ENGLISH	PALSY

25	NIKITHA	M.A	CESHRAL
	4	ENGLISH	PALSY
26	RESHIKA	M.A HRM	LEARING
			DISORDER
27	B.BHUVANESWARI	B.B.M	DYSLEXIA
28	MANESWARI.E	B.B.A	VISUALLY
			IMPARIED
29	R.POORAVJA	B.A ENGLISH	MENTAL
			DISABILITY
30	R.GIYAPRIYAA	B.A.	MENTAL
		ENGLISH	DISABILITY
31	PREETHA CELAH	B.A.	VISUALLY
	i i i	ENGLISH	IMPARIED
32	VIJAYA VARSHINI	B.B.A	MENTAL
			DISABILITY

Janes FOR 8580 Form-IV
DISABILITY CERTIFICATE  OF THE MEDICAL AUTHORITY ISSUING  DISABILITY CERTIFICATE  OF THE MEDICAL AUTHORITY ISSUING
2)7/(9, 12) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING
THE CERTIFICATE)
OSJE JIVIS * (See rule 4)
LIT C
ertificate No. 3777 HIGH Bate:  This is to certifiy that I have carefully exam Fri Specialis,  Artistal Surveyor Surveyo
This is to certifiy that I have carefully exam Entispecially.  Assistant Succession.
hri/Smt/Kum. T. SuVETHA Sorie daughter of
inri K-THAMICARASAW
Date of Birth 17 1 1999 Age 15 years, Male / female FEMBLE
Registration No. CHN   HD   06858 Permanent resident of House
No. 16/31 Ward / Village / Street Per umal koil St. Post
Office Arumbalkkam District (h - 106. State
Whose photograph is affixed above, and am satisfied that he/she is a case of freehotheaute 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.

10.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in %)
1. 4	_ocomotor Disability	· @		140
2.	Low Vision	#	· > ·	
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£	BILPHA	100 /
5.	Mental Retardation	X		
6.	Mental Illness	X		

Signature/Thumb Impression of the Person in whose Faver disability Certificate is issued

PRINCIPAL

DR. MGR JANAKI COLLEGE OF

ARTS & SCIENCE FOR WOMEN CHENNAI-600 028. (Authorized Signatory of notified Medica Authority (Name and seal)
(Counter signature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authowno is not a government servant (with seal)

# <u>Form - IV</u> Disability Certificate

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

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:



Certificate No. Kpm (H2) 664105. 14/12/2015. Date: carefully examined certify have to This Shi Smt./Kum. S. MAHESWARI CA SUBRAMANI Date of son/wife/daughter of Shri Age 16 years, male/female Registration No. KPM HI 664 105 permanent resident of House No. DR. MUR SCHOOL (H2) Ward/Village/Street RomanuRam, CH-89 Post-Office District State TAMIL NADI whose photograph is affixed satisfied that he/she is a case of ----extent of permanent physical impairment/disabílity has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2	Low Vision	#		
3.	Blindness	Both eyes	alg (A	
4	Hearing Impaired	Both paris	Profound	100% CHundras
5.	Mental Retardation	X		
6.	Mental Illness	X	QEOR .	

<sup>(</sup>Please strike out the disabilities which are not applicable)

GCP-410-8--4.00.000 Cps.-24-9-2014. (HCL-11)

The above condition is progressive / non-progressive / likely to improve / not likely to improve. Reassessment of disability is: (i) not necessary, Or months, and therefore (ii) is recommended/ after \_\_\_\_\_\_ years \_\_\_ this certificate shall be valid till (YY) (DD) (MM) e.g. Left/Right/both arms/legs (0) e.g. Single eye/both eyes # . e.g. Left/Right/both ears £ 4. The applicant has submitted the following document as proof of residence:-Details of authority Date of Issue Nature of Document issuing certificate

S. 108500000

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued

(Authorized Signatory of notified Medical Authority [Hame and seal)
(Counter signature and seal of the CMC/Medical/Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a government servant (with seal)

### FORM - IV

### **Disability Certificate**

(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Certificate No. Date: RFG NO:58577
This is to certify that I have carefully EN LARGEON ASSISTANT SURGEON
Shri/ Smt. / Kum. M. Nivedha TAMILNADU MEDICAL SERVICES
son / wife / daughter of Shri
Date of Birth 06 07 1998 Age 14 years, Male / Female Female
Registration No. CHN HI/02014 Permanent resident of House No. 791
Ward / Village / Tolgate Street S.A. Colony Post Office
District <u>Chennai</u> State <u>Tamil Nadu</u>
whose photograph is affixed above, and am satisfied that he/she is a case of
Speech a Heavy 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:

S.DLO.

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in%)
1.	Locomotor Disability	@	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State of The State of The Control
2.	Low vision	#.,		L'ANDON
3.	Blindness	Both Eyes	nezrai etsolitte	Note: In case this o
4.	Hearing Impairment	£	BILPAPE	100%.
5.	Mental Retardation	X	Maria grave sales	technism of Tratele
6.	Mental Illness	X	ie 31st Decembe	S.O. 908(E), dated t

(Please strike out the disabilities which are not applicable)

- 2. This above condition is progressive / non-progressive / likely to improve / not likely to improve.
- 3. Reassessment of disability is :
  - not necessary, (or)
  - is recommended / after (ii) months, and therefore this years Certificate shall be valid till (DD)
    - @ 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
	- maguruh-m	son / with Losugues of Shri
	elenv.	Date of Single Control of the Contro
	lest Inches	

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

> DR.N.JEYANTHI, MBBS, DLO. **REG NO:56577**

Countersigned ENT SPERIODULE Signature and seal of the ASSISTANT SWORGE GOOD Superintenden' TAMILNADU MEDICAL SERVICES ent Hospital, in

ficate is issued case by a Medical Authority who is not a government servant (with

seal)

Signature / Thumb impression of the person in whose favour Disability certificate is issued.

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

#### Form-IV

DISABILITY CERTIFICATE 1 H CASES OTHER THAN THOSE MEDICAL AUTHORITY ISSUING (In cases other than those mentioned in Form II and III) THE CERTIFICATE) (See rule 4) Certificate No. Date: This is to certifiy that I have carefully examined surgeon Shri/Smt/Kum S. PRIYA

Son / wife daughter of Shri N. Sivalingan Date of Birth 18 07 1997 Age 16 years, Male / female female Registration No. TN/CHN/HT/02080 Permanent resident of House No. 21/11 Ward / Village / Street Santhiyappan et Post Office Ofteri District Chennai State Ja

Whose photograph is affixed above, and am satisfied that he/she is a case of Steel theater 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.

S.No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in %)
1.	Locomotor Disability	@		primitive Transport
2.	Low Vision	#	whiteat	Percord shock Favor
3.	Blindness	Both Eyes		Somatur
4.	Hearing Impairment	INVOCE DE L'ARE	BliPupid	100%
5.	Mental Retardation	Eliana Ma	, m 10	Person No. 18
6.	Mental Illness	X	CONTRACT	

9	c .00	
	S. William	eira
,	r a mariona	

Signature/Thumb Impression of the Person in whose Favor disability Certificate is issued

(Authorized Symmony of notified Medi-Authorized Marie and seal) (Counter signature and seal of the CMO Medical Special special endent/Head of Government Hospital, in case the Certificate is issued by a medical auth who is not a government servant (with seal)



# **Government of Andhra Pradesh** CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board:

S.V. Medical College, Tirupathi

ID No.of Person with Disability: 10137880240000013

Date of Issue:

07/11/2014

This is certified that Kumari S Punitha, D/o R Selvam, Female, age 15 years, resident of H.No.# 6-155, 24TH WARD Habitation, 24th Ward Village, Nagari (muni) Mandal, Chittoor District, is suffering from Permanent disability of the following category:-

Hearing Impairment (Profound).

Loss of 100(Hundred) decibels in the better ear in the conversational range of frequencies.

Cause of Disability: Congenital. DEAF DUMB.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 100% [Hundred percent].

Identification Marks of Person with Disability:-

a)A Mole On The Right Side Cheek .

b)A Mole On The Right Chest .

5 भवाकित

Signature/Thumb impression of Person with Disability

Signature

Dr. CHANDRASEKHAR

Designation: ASSOCIATE

PROFESSOR

Regn.No ENT SURGEON Signature

Dr. C. VARA SUNC

Designation: CS RMO

: 15609 Regn.No

Note: This is not valid for Medico Legal cases.

Signature 1

Dr. J. VEERASWAMY

Designation: Medical

Superintendent

: 13798 Regn.No

CHAIRMAN

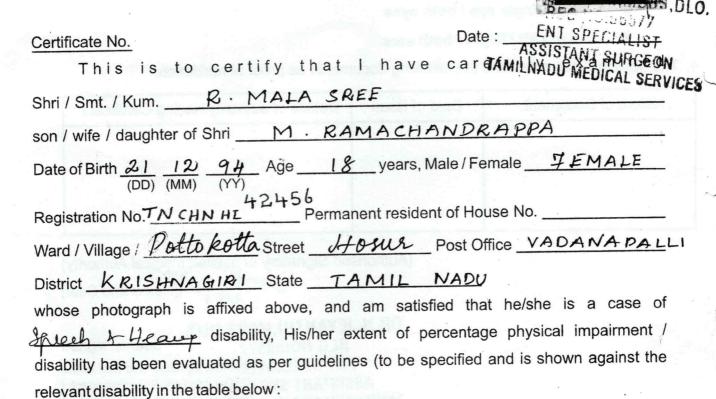
AUDIO GRAM / AUDIOLOGICAL EVALUATION CHART NAME: S. Punika DATE TEST No. **TESTED BY** AGE Rt. Lt. I.S.O. AIR CONDUCTION -20 - 10 0 10 X **UN-MASKED** : A V MASKED HEARING THRESHOLD 20 30 BONE CONDUCTION: 40 **UN MASKED** 50 MASKED 60 70 A.C. NOT HEARD 80 B.C. NOT HEARD 90 AUDIO METER : **PROCEDURE** 110 STANDARD / PLAY AUDIO METRY 120 1000 1500 2000 3000 4000 6000 8000 500 750 250 FREQUENCY IN HERTZ AID IN EAR RT. LEFT RIGHT LT. 3 FREQUENCY wedes wedb **AVERAGE** S.R.T. DISCRIMN (P.B.MAX) **AUDIOLOGIST** 

#### FORM - IV

#### **Disability Certificate**

(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)



S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in%)
1.	Locomotor Disability	@		ere to it prince on by near
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£	BILPropud	Loo 7.
5.	Mental Retardation	X		
6.	Mental Illness	X	602   7505 m	1 to 10 and Page ( 5)808

(Please strike out the disabilities which are not applicable)

- 2. This above condition is progressive / non-progressive / likely to improve / not likely to improve.
- 3. Reassessment of disability is:

	1 145	
ATT	not necessary,	(or)

- is recommended / after years months, and therefore this (ii) Certificate shall be valid till (MM)
  - 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
	SWEEDAR	rest to soll good ( see
. 34 AMAR	Riveland Proper	Clare of the Lands
oW ear	pH to mebles me	OFFICE STREET TREET VITOR CONTRACTOR

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

DR.N.JEYANTHI, MBBS, DLO.

**REG NO:56577** 

Countersigned

ENT SPECIAL Sountersignature and seal of the ASSISTANT SURCEMON Medical Superintendent / TAMILNADU MEDICAL Sead of Covernment Hospital, in case the Certificate is issued

by a Medical Authority who is not a government servant (with

seal)}

Signature / Thumb impression of the person in whose favour Disability certificate is issued.

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

	Form-IV
	DISABILITY CERTIFICATE
	(ENIER FOR FOR FASO (In cases other than those mentioned in Form II and III)
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15%	CANALIS SAME AND ADDRESS OF THE MEDICATED
0	THE CERTIFICATE)
1.3	Date Cartificate)  (See rule 4)
	De N IC WALLE AND THE SAME AND THE SECOND OF
	Date: Ped Halls Strain Halls
	Certificate No.
	This is to certify that I have carefully examinations and Made Medical Services
	Shri Smt / Kum. Ca. UMA PAR VA THY.  Shri Smt / Kum. Ca. UMA PAR VA THY.  Son-/ wife daughter of
	Shri S. Canarapro Rasam
	Date of Birth 12 12 1997 Age 16 years, Male / female famale
	Registration No. CHN/HI/01851 Permanent resident of House
	No. 40/105 Ward / Village / Street Koth and Isavadi Post
	Office West Saidapet District Channai State Janilia du
	Whose photograph is affixed above, and am satisfied that he/she is a case of free to free the first disability. His / her extent of percentage physical impair-
	ment / disability has been evaluated as per guidelines (to be specified and is shown against the
	relevant disability in the table below.
	relevant disability in the table below.

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S.No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment Mental Disability (in %)
1.	Loc omotor Disability	@	Valence of the second	
2.	Low Vision	#	,38	
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£	B/CPnff	1007
5,	Mental Retardation	X		
6.	We ital Illness	×		and the state of t

likely to improve.	ressive / non-p	rogressive /	likely to Imp	rove 'rot
3. Reassessment of disability i	S:			o Nikrase oli
Or		lette e e e e		
(ii) is recommended/after this certificate shall be val	id till	programme which is no substituting the substitution and	months, an	d the e oris
	(DD)	(MM)		(YY)
4. The applicant has submitted	the following d	ocument as	proof of res	idence -
Nature of Document	Date of Iss	ue	Details of a	
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			manus ha kayagan san sakaka sayanagan sa saga say	
Pyris officer straig to make your	BAS YUKOCH With Visitania		and Application	
			name bank	

(ก. อาจบกแบลเชา

Signature/Thumb Impression of the Person in whose Favor disability Certificate is issued

(Authorized Signatory of notified Medica Authorized Signatory of notified Medica Authorized Signatory and sea of the Complete of Sovernment Hospital, in case he Certificate is issued by a medical authorism is not a government se vant (with seal)

### Form-IV

### DISABILITY CERTIFICATE

Cases other than those mentioned in Form II and III)

THE CERTIFICATE)

(See rule 4)

Certificate No.  This is to certifiy that I have carefully examined surgeon  Assistant Surgeon  ANANIMA  And	F
Shri/Smt/Kum S. LAVANYA Son / wife daughter of	
Shri D. SUKUMAR	
Date of Birth 12 11 1997 Age 16 years, Male / female female (DD / IMM/ YV)	
Registration No. CHN/HI/0/852 Permanent resident of House	
No. 13 Ward / Village / Street Vinaya gapuram Post	
Office West Scridapet District Change State Tamilnadu	-
Whose photograph is affixed above, and am satisfied that he/she is case of Sheek is the 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.	a we

S.No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#	, Se Machae plac	ing magnet exempted in the propose of applied.
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£	BILPorpor	100°1.
5.	Mental Retardation	<b>X</b> .		
6.	Mental illness	X		

likely to improve.	- Ve //		likely to improve / not
Reassessment of disability i (i) not necessary,	s:	giafty	A.A Z
Or (ii) is recommended/ after this certificate shall be va	years	S	_ months, and therefore
. The applicant has submitted	(DD) d the following docu	(MM ment a	
Nature of Document	Date of Issue	- 1	Details of authority issuing certificate
weight the same is a second	District of Land		Alai Lin a
	TOTAL TOTAL	DE XITI	l el riggigatoria seont
er extent of purcents as play works of the ballings on a	sbore, and disability, its / n as per guidelinas (	bestiffs bottomic	t el riggigatoria senti es di vi elesi S. in ese ent i despirity nas been eve
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У		petianie vroted	a regigatoria seonica seonica de conserva
Signature/Thumb Impression of Person in whose Favor disability	the	(COU	JEYANTHI MARS DIO nonzell Signatory of notified orient (Hamms and seal)
S. on a poson with a signature/Thumb Impression of Person in whose Favor disability Certificate is issued	the	(Cou CMC Gove Certi	and and an entire way in a second and and an entire way in a second and a se

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:





Date: 18 9 | Romil Madu Medical Services Certificate No. SPTC This certify have carefully examined Shri/Smt./Kum. 5. YISALATCHI son/wife/daughter of Shri G.K Date of Birth 05 2000 Age years, male/female Registration No. CAN/HI/1822 permanent resident of House No. 76/43 Gam pathy St. Post-Office West mambalam District Ward/Village/Street Chonnai. 33 Chennai State Tamul Nordy whose photograph is affixed above, and am satisfied that he/she is a case of the beat Disability. His/her

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	# #	3	or Translation of the
3.	Blindness	Both eyes		bauaal al sissa
4	Hearing Impaired	£	BILPupal	1007.
5.	Mental Retardation	X		
6.	Mental Illness	X		

extent of permanent physical impairment/disability has been evaluated as per guidelines

(to be specified) and is shown against the relevant disability in the table below:-

(Please strike out the disabilities which are not applicable)

GCP--410-8--4,00,000 Cps.-24-9-2014. {HCL-11}

impro	ove.		nn seord ned r	
/	sessment of disability is necessary,			
Or				
(ii) is re	commended/ after	years		months, and therefore
this	certificate shall be valid	till		<u> </u>
		(DD)	(MM)	(YY)
@	e.g. Left/Right/both	arms/legs		
#	e.g. Single eye/both	n eyes		
£	e.g. Left/Right/both	ears	teril	
			THOTAL P	. All Y - The complete final

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

Nature of Document	Date of Issue	Details of authority issuing certificate
BORION COR	) JUNE 2005	CS CPD
Sales of the second sec	STIC-1809	KU(4)Y) Designable A

1 S. visalotchi

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued

Or.N.JEYANTAT, MBBS, DLO 8 9 10 10 (Authorities of Grantory of notified Medical

Authority (Nairie and seal)

(Churtensing at the 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)

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:



Certificate No. 12 Pm (HI) 693 65 Date: 22/12/15 carefully This certify that have examined is to Baraswathi Shri/Smt./Kum. K. son/wife/daughter of Shri C. kanniyappan Date of years, male/female -1995 Age \_\_ MM (DD Registration No. KPM | HT 1693/05 permanent resident of House No. Dr. MGR & Ward/Village/Street Kamapuram Post-Office District whose photograph is affixed above, and am satisfied that he/she is a case of -extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@	- alidi tropo	
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing Impaired	Both gars.	Profound SN Learing	100% CHundr
5.	Mental Retardation	X		
6.	Mental Illness	. X		

(Please strike out the disabilities which are not applicable)

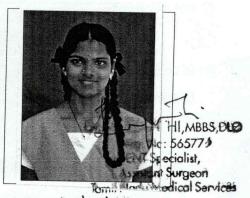
:years		months, and the	
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till		months, and the	
			erefo
(0.0)		_	
(DD)	(MM)	(YY)	
arms/legs			
Date of Is	sue	Details of authorissuing certification	_
		eyes	e following document as proof of residence:  Date of Issue Details of author

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued (Authorized Signatory of notified Medical Authority (Nairterandeseal)
(Counter signature and seal) of the CMO/Medical Superinternal of the Government Hospital, in case the Certificate is issued by a medical authority who is not a government servant (with seal)

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:





Certific	ate No.	KPM (	LH2) 20	668.		Date:	14/12/2015.	
This			,	that	1-	have	carefully	examined
Shri/Sn	nt./Kum.		M. Lok	ESHNA	RI			
son/wife	e/daugh	ter of Sh	nri	8.1	NURUCA	<del>I</del> N		Date of
Birth	25	-01.	199	Age_	16.	years	s, male/female	
	(DD	/ MN	1 / YY	)				
Registra	ation No	KPM.	HI 20	668 per	manent	resident	of House No. 3	146, Newno.
vvalu/v	maye/St	Leer KV	h Kovalau	edin.	P	ost-Offic	е	District
-Thi	ruvana	amalai	State_	TAMI	CNADU	, whos	e photograph is	affixed
above,	and an	n satisfi	ed that he	e/she is a	case of	£	e photograph is	1-jeaning tv. His/her
extent o	of perma	nent phy	sical impair	ment/disa	ability has	s been e	evaluated as per	quidelines
(to be sp	pecified)	and is sh	nown agains	t the rele	vant disa	bility in t	he table below:-	garaomics

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		1 (III 70)
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing Impaired	Both Ears	Propound	100%. Claunders.
5.	Mental Retardation	X	-4.90	
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

GCP--410-8--4.00,000 Cps.-24-9-2014. {HCL-11}

			issuing certificate
The state of the s	Date of Iss	ue	Details of authority
The applicant has submitted th			
The englishment			
£ e.g. Left/Right/both	ears		
# e.g. Single eye/both			
@ e.g. Left/Right/both			
	(DD)	(MM)	(YY)
this certificate shall be valid			
(ii) is recommended/ after	years _		months, and there
Or			
<ol> <li>Reassessment of disability is (i) not necessary,</li> </ol>	S:		
The binary providend from the first			
			ly to improve / not likely

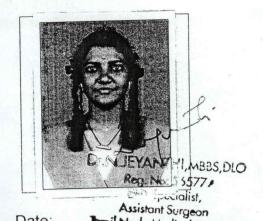
W. Con Bergony.

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued DEMJEYANTHI, MBBS, DLO

(Authorized Signatory of notified Medical Authority (Name and seal of the Counter signature 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)

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:



**b**mil Nadu Medical Services Date: Certificate No. carefully examined have that I certify to is This Shri/Smt./Kum. S. SANGEETHA Date of son/wife/daughter of Shri D. SEKAR 1998 Age 17 years, male/female FEMALE MM / (DD / permanent resident of House No. Registration No. District Ward/Village/Street DR.MGR SCHOOL FOR THE HIPost-Office above, and am satisfied that he/she is a case of Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.,	Hearing Impaired	Both Ears	Profound SN hearinglo	ss. 100% CHundu
5.	Mental Retardation	X	V	
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

GCP--410-8--4,00,000 Cps.-24-9-2014. {HCL-11}

No dot Spaces

## FORM - IV

#### DISABILITY CERTIFICATE

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

(NAME AND ADDRESS OF THE MEDICAL AUTHORITYISSUING THE CERTIFICATE)

(See rule 4)

	Serve than your		
Certificate No.	Date:		A POO
This is to ceritify that I	have carefully	examined	Special Lipspital, mitand Hospital, LLORE-1.
Simi + Smt. / Kum. R. Preathi		(). L	LLORE- !!
son/wife/daughter of Shri N. Rames	h.		
Date of Birth 16-1-1999 16 (DD/MM/YY)	years, Male/female		
Registration No. Savikuti villager		f House	
Nopernambul Ward/Village/Street_			_Post
Office District	State		
whose photograph is affixed above, and am sa	atisfied that;		

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical impairment/Mental Disability (in%)
1	Locomotor Disability	@		Issued alarges Total
2	Low Vision	#		
3	Blindness	Both Eyes	0 0	1.0
4	Headring Impairment	£	18/500/ 8	of on for then the
5	Mental Retardation	X	001 (012) 401 1.001	lon
6	Mental Illness	X		lo do

Stil (wires)

1. Please Strike Out the disabilities which are not applicable) 2. This above condition 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 (DD) (MM) 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 ad proof of residence:-Nature of Document Date of Issue Details of authority issuing Certificate (Authorised Signatory MAMOTATE & Anthonity) Hef Civil Surgeon (Name and Seal) 26 2015 L. Pentland Hospital, VELLORE - 1. Countersigned (Countersignature and Seal of the CMO / Medical Superintendent / Head of Government. Hospitals in the certificate is issued case Signature / Thumb. by a Medical Authority who is impression of the person not a government servant (with seal) in whose favour disability

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"

certificate is issued.

Mote: The Principal rules were published in the Gazette of India vide notification number S.O. 908 (E), dated the 31st December, 1996.

### FORM - IV

### **Disability Certificate**

(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

のい。「統領の機能は、一般には、一般には、一般には、一般には、一般には、一般には、一般には、一般に	,0
Certificate No.  Date:  REG NO:50377  ENT SPECIALIST	
This is to certify that I have carefully ASSISTANT SURGEO	N
Shri/Smt./Kum. R. Narmatha	* 10
son / wife / daughter of Shri G. Raw i	
Date of Birth 13 (DD) (MM) (YY) Age 13. years, Male/Female female	
Registration No Permanent resident of House No	
Ward / Village / villivakkawstreet _ fifth Post Office	
District Chennai - State Tamilnadu	
whose photograph is affixed above, and am satisfied that he/she is a case of	
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:	

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in%)
1.	Locomotor Disability	@		rzense syr is possocialis
2.	Lowvision	#.		Police 1
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£	BILLING	JW7.
5.	Mental Retardation	X		
6.	Mental Illness	X		n populity on Land.

(Please strike out the disabilities which are not applicable)

2.	This above condition is progressive / non-progressive / likely to imp	prove / not likely to
	improve.	DE GMA BREAK
3.	Reassessment of disability is :	
	(i) not necessary. (or)	

(ii) is recommended / after months, and therefore this years 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
- Shortel	warenyC1	en 2007) - C III mesto en C
Last or exist to t	n teisen Impresitation	

(Authorised Signatory of notified Medical Authority)

DR.N.JEYANTHI.MB8S,DLO. REG NO:56577

ENT SPECIALIST

Countersigned

ASSISTANT SURPLETSignature and seal of the TAMILNADU MEDICAL ledical Superintendent / Government Hospital, in

case the Certificate is issued by a Medical Authority who is not a government servant (with

Signature / Thumb

impression of the person in whose favour Disability certificate is issued.

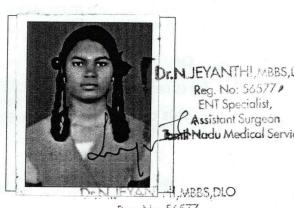
Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District"

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:





Certificate No.	Date: Kag, No. 333//
This is to certify that	I have carefully Medice xamined
Shri/Smt./Kum. MAHALAKSHMI .	V
son/wife/daughter of Shri	Date of
Birth 15 01 1998 Age	years, male/female FEMALE
(DD / MM / YY)	
Registration No pe	ermanent resident of House No57
Ward/Village/Street AMMAN KOVIL ST	REET Post-Office KunDRATHUR District
KANCHIPURAM State TAMI	whose photograph is affixed
above, and am satisfied that he/she is	a case of - Sheek & Heavish His/her
extent of permanent physical impairment/dis	sability has been evaluated as per guidelines
(to be specified) and is shown against the rele	evant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#	7	
3.	Blindness	Both eyes		
4.	Hearing Impaired	£	BILPayor	100 7.
5.	Mental Retardation	X	8N12	-
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

GCP--410-8--4,00,000 Cps.-24-9-2014. {HCL-11}



# Form - IV Disability Certificate

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

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:





YANTHI, MBBS, DLO og. No: 56577 / ENT Specialist, ssistant Surgeon todu Medical Services

Certificate No. KPM (H2) 664. Date: 4/12/2015.
This is to certify that I have carefully examined
Shri/Smt./Kum. M. PRIYANKA.
son/wife/daughter of Shri V. MURULMON. Date of
Birth Age
(DD / MM / YY)
Registration No. HPM   HI   667 permanent resident of House No. DR. MUR SUH
Ward/Village/Street RAMB/JURAM. Post-Office District
above, and am satisfied that he/she is a case of
above, and am satisfied that he/she is a case of Disability. His/her
extent of permanent physical impairment/disability has been evaluated as per guidelines
(to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both eyes		
4	Hearing Impaired	Both Daris	Profound	100%. CHUNDHO
5.	Mental Retardation	X		
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

GCP--410-8--4.00,000 Cps.-24-9-2014. {HCL-11}

Nature of Document		Date of Issue		Details of authority issuing certificate	
The appl	licant has submitted the	following docume	ent as proof	of residence:-	
£	e.g. Left/Right/both e	dilate di 4			
#	# e.g. Single eye/both eyes				
@	e.g. Left/Right/both a	rms/legs			
		(DD)	(MM)	(YY)	
this ce	ertificate shall be valid ti				
(ii) is reco	mmended/ after	years		months, and therefo	
Or					
Reasse	essment of disability is : cessary,				
improve	Als Sees floor	is de aleman et la . Les billions sol des Maner			
		ssive / non-progres	ssive / likely	to improve / not likely to	

M. Priyanka

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued Dr.N.JEYANTHI, MBBS, DLO

Reg. No: 56577 ENT Specialist, Assistant Surgeon

(Authorized Signatory of Notified Wedlean Authority (Name and seal)
(Counter signature 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)

### FROM - IV Disability Certificate

(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERT
(See Rule 4)

6 m. R. Mais near

Certificate No.

Regulo.
This is to certify that I have carefully exampation
Shri/Smt./ Kum. Regling Many,
Son/Wife/daughter of Shri Hection Michael Ray.
Date of Birth 18.2.199Age 17 Years, Mate/Female female
Registration No. 4837 Permanent resident of House No. 2-18/15
Ward/Village/ Kucman/ckanStreet Main Mand, Post Office
Kalangale Kn District Anyall State Jan Nadll
Whose Photograph is affixed above, and am satisfied that he/she is a case of
peda Duel disability, His/her extent of percentage physical
impairment/disability has ben evaluated as per guidelines (to be specified and is
shown against the relevant disability in the table below:

S.No	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/Mental Disability (in%)
1.	Locomotor Disability	@	Dey «	grafend Henry
2.	Low vision	#	- Bluet	/ ' /
3.	Blindness	Both Eyes		. /
4	Hearing Impairment	£		total oles
5.	Mental Retardation	X		pract of con
6.	Mental illness	X		

(Please strike out the disabilities which are not applicable)

Nati	are of Document	Date of issue		f authority issuing
4.	The applicant has	s submitted the following	g documents as p	proof of residence:-
	# e.g.Single	eye/both eyes ight/both ears	vic.	
(ii)	is recommended this Certificate s		(MM)	months, and therefore $\overline{(YY)}$
3.	Reassessment of (i) not necess			* ************************************
2.	This above con likely to improv	ndition is progressive/r e.	on-progressive/l	likely to improve/nb

Nature of Document	Date of issue	Details of authority issuing  Certificate
Afried.	6.7:5	Du M- Medicallers  april - April - Thirmy

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

R. MEHANATHAN, m.s. R. MEHANATHAN, m.s. Asst. Surgeon, Regd. No: 51610, Regd. No: 51610, Govt. PHC., Thirumanur.

Signature/Thumb impression of the person in whose favour Disability certificate is issued.

#### 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

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:



YANTHI, MBBS, DLO

Ling. No: 56577

INT Specialist,

Assistant Surgeon

Limit Madu Medical Services

Certificate No.

This is to certify that Shri/Smt./Kum. K.SAVITHRI

have carefully examined

Date:

(DD / MM / YY)

Registration No. 1316 permanent resident of House No. 33/6

Ward/Village/Street K.R. RAMASWAMY NAGAR Ost-Office Anna Garden District

Chennai 42 State 7 amil Nadu whose photograph is affixed above, and am satisfied that he/she is a case of Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#	• 6.5	realessment Beiling versch make inside Beiling versch
3.	Blindness	Both eyes		Negati w wilain
4/	Hearing Impaired	£	BILPMENT	(00 ).
5.	Mental Retardation	X		,
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

GCP--410-8--4,00,000 Cps.-24-9-2014. {HCL-11}

- 2. 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 \_\_\_\_\_\_ (DD) (MM) (YY)
  @ e.g. Left/Right/both arms/legs # e.g. Single eye/both eyes
- 4. The applicant has submitted the following document as proof of residence:-

e.g. Left/Right/both ears

Nature of Document	Date of Issue	Details of authority issuing certificate
RATION CARD	JUNF 2005	CS SEPD.

k. சூறித்திரி.

£

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued DENLIEVANTHI, MBBS, DLO

(Authorized Signatory) of 56577 de Medical Authority (Name and Seal Of the Counter signature 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)

#### FORM - IV

#### **Disability Certificate**

(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Certificate No.

Date:

Date:

This is to certify that I have carefully ASSISTEMISTRATION ADUMEDICAL SERVICES

Shri-/ Smt. / Kum.

D. Rekho

Shri-/ Smt. / Kum.

D. Rekho

Son / wife / daughter of Shri

M. Dhandapani

Date of Birth 30 10 1997 Age 15 years, Male / Female

(DD) (MM) (YY)

Registration No. CHN H5 0185 Permanent resident of House No.

Ward / Village / K. K. Nagar Street Kannihapur Post Office

District Chonnal State Tamil Nadu

whose photograph is affixed above, and am satisfied that he/she is a case of gleech be the end disability, His/her extent of percentage physical impairment / disability has been evaluated as per guidelines (to be specified and is shown against the

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in%)
1.	Locomotor Disability	@		ar D - C sas
2.	Low vision	#.		daugiT Veridangië
3.	Blindness	Both Eyes	018/80	Base Wildael G travel
4.	Hearing Impairment	£	BILPATA,	100%
5.	Mental Retardation	od by X media	cartificate la las	Note: In case this
6.	Mental Illness	incid X d by B	weblic only if cou	servant, it shall be

relevant disability in the table below:

(Please strike out the disabilities which are not applicable)

- 2. This 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 (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
	ren Inenemie T	Registration of the AD DE
and the Man	Constitution ASI for	= monant in State and Conv.
	Number of the second	

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

DR.N.JEYANTHI, MBBS, DLO.

**REG NO:56577** 

Countersigned

ENT SPECIALISquntersignature and seal of the ASSISTANT SURGEON Medical Superintendent / TAMILNADU MEDICAL SERVICE overnment Hospital, in Certificate is issued

by a Medical Authority who is not a government servant (with

seal)}

Signature / Thumb impression of the person in whose favour Disability certificate is issued.

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

K. OBMELLET

#### **Disability Certificate**

State Resource Cum Training Centre for Differently Abled Persons, K.K.Nagar, Chennai-78

(Unit of the Office of the Commissionerate for the Differently Abled, Chennai-6)

S.DLO

PEG NO:56577
Date:ENT SPECIALIS
ASSISTANT SURGEON
TAMILNADU MEDICAL SERVICES

Certificate No.

this is to certify that I have carefully examined
Shri/Smt./Kum. K. Sowmiya.
son/wife/daughter of Shri S. Karnan
Date of Birth 22 - 11 · 19 97 Age 15 years, male/female
(DD / MM / YY)
Registration No. MDU / HI / 138 permanent resident of House
No. 6/3 Ward/Village/Street Sozha van than Road Post
Office CHECK ANDORALI District MADURAL State TAMIL NADO
whose photograph is affixed above, and am satisfied that he/she is a case
of Just a Hear Disability. His/her extent of permanent physical
impairment/disability has been evaluated as per guidelines (to be specified) and
is shown against the relevant disability in the table below:-

SI N o.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability			
2.	Low Vision			The second of th
3.	Blindness			
4.	Hearing Impaired	BIL Pry	nd snine	100%
5.	Mental Retardation			Self a consensition of the
6.	Mental Illness			and to the state of the state o
likel	ease strike out the dis the above condition is by to improve. Reassessment of disal not necessary,	progressive / non-	not applicable) -progressive / likely	to improve / not

years		months, and therefore
il .		
(DD)	(MM)	(YY)
d the following do	cument as	proof of residence:
Date of Issu	ie .	Details of authority issuing certificate
s me bna avo	ja bezile	grafestenland decile
	(DD) d the following do	(DD) (MM) d the following document as

(Authorized Signatory of notified Medical Authority

DR.N.JEYANTHI, MBBS, DLO. **REG NO:56577** ENT SPECIALIS.

Signature / Thumb impression of the person TAMILNADU MEDICAL SERVICES in whose favour disability certificate is issued

K OBORDWA

ASSISTANT SURGEON

#### REGIONAL MEDICAL BOARD

Govt. Kilpauk Medical College Hospital. Chennai -10.

#### MEDICAL REPORT

L. Dis. No. 7340 /RMB/2017

Dated.: 27 .10.2017

Selvi. C.Sree kamakshi D/o Mr. K.Chandrasekaran 17 years, residing at No.4. Aswin Apartments, Mardavelipakkam, Chennai-28.

Identification Marks: -

1. Nil

2. Nil

**OBSERVATION REPORT:** 

As per the opinion of Professor and Head of the Department of Psychiatry, she is suffering from Learning Disorder. History, Psychological assessment and Psychiatric Evaluation reveal that she has Mental Retardation.

She is recommended the following concessions during examination.

- 1. Exemption from Second Language Paper
- 2. Allocation of a scribe.

1. Dr T.S. Meena., MD., DGO., (Prof. of O&G)

2. Dr. Angeline Selvaraj, MS., Mch., (Prof. of Burns and Plastic Surgery)

3. Dr. A. Chandrasekaran, ,,MD., (Prof. of Anaesthesiology)



IRMAN CHAIRMAN

REGIONAL MEDICAL BOARL FOUT K M C. H CHE

> **MEMBER** MEMBER

EGIONAL MEDICAL BOART CHENNAI - 60

EGIONAL MEDICAL BOARE

for DEAN DEAN 27 100 2012 CHENNAI - 600 010

Govt.Kilpauk Medical College Hospital. Chennai-10.

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:





Certificate No.

Date:

NSTITUTE OF MENTAL HEAL
KILPAUK, CHENNAI - 600 01

Shri/Smt./Kum. SHAMMATHIM

son/wife/daughter of Shri k. MARIAPPM

Date of

Birth O2

11

15 P.F. Age 15 years, male/female female

Birth O2 // MM / YY)

Registration No. Crini (No. 1011) permanent resident of House No. 36/1

Ward/Village/Street Adan in Mudal: Short Post-Office Mandayeli. District

CHENNAI State TAMIL NAOV whose photograph is affixed above, and am satisfied that he/she is a case of Enterlied Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	. Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@	a la constante de la constante	continued a second transfer
2.	Low Vision	#	96]	
3.	Biindness .	Both eyes		
4.	Hearing Impaired	£	rutdo	
5.	Mental Retardation	X	Mental	m 60% (Sixty
6.	Mental Illness	X	16:50	

(Please strike out the disabilities which are not applicable)

Nature	of Document	Date of Issu		Details of authority issuing certificate
he appli	cant has submitted the	e following docume	ent as proof	of residence:-
£	e.g. Left/Right/both		(Tillue	
@ #	e.g. Left/Right/both e.g. Single eye/both	arms/legs		
		(DD)	(MM)	(YY)
	ommended/ after ertificate shall be valid	till		months, and there
Or				
Reass (i) not no	sessment of disability in ecessary,	s:		
impro	bove condition is prog ve.	ressive / non-prog	ressive / lik	ely to improve / not likely

03.91

Shannathy. M

8001

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued

Dr. N. PRABHO, M.D.(PSY)

Govd of Indie

(Authorized Sins ANY Sunstitled Medical Authority Sins ANY Sunstitled Medical Authority Medical Authority (Countersignatule WHU seaf 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)

#### REGIONAL MEDICAL BOARD

Govt. Kilpauk Medical College Hospital, Chennai -10.

#### MEDICAL REPORT

L. Dis. No. 3054/RMB/2019

Dated .:

10.04.2019

Selvi. V.Sri Gayathri D/o S.V.Raman, No.29/12, Naidu Street, Mylapore, Chennai - 04.

Identification Marks: -

1.A Blackmole on Right arm.

#### OBSERVATION REPORT:

History, Neurological assessment and Neurological Evaluation reveal that She has Learning Disorder as per the opinion of Professor and Head of the Department of Psychiatry.

She is recommended the following concessions during examination.

- 1. Overlooking Spelling and Grammatical errors.
- 2. Additional time of One Hour for writing the examination.
- 3. Exemption from Second Language Paper Tamil.

1. Dr. Angeline Selvaraj

CHAIRMAN

REGIONAL MEDICAL BOARD (Prof. of Burns&Plastic Surgery GOVT. KILPAUK MEDICAL COLLEGE HOSPITA

CHENNAI-10.

2. Dr. M. Geetha (Prof. of O&G)

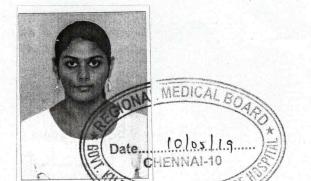
MEMBER REGIONAL MEDICAL BOARD GOVT. KILPAUK MEDICAL COLLEGE HOSPITAL CHENNAI-10.

3. Dr. S.Balamurugan (Prof. of Neurosurgery)

MEMBER REGIONAL MUDICAL BOARD GOVT. KILPAUK MED ..... SOLLEGE HOSPITAL

Member

CHENNAI-10.



Govt. Kilpauk Medical College Hospital, Chennai-10

#### REGIONAL MEDICAL BOARD + MEDICAL REPORT Govt. Kilpauk Medical College Hospital, Chennai-10

L. Dis. No. 50/S/RMB/KMCH/2015

Dated: 16 .10.2015

As per the opinion of Professor and Head of the Department of Psychiatry SANIANA D/O Narasiman is 15 years No:71/73, 1<sup>st</sup> Main Road, Sathir Nagar, Sriram Apartments, Adayar, Chennai-21. She is suffering from Dyslexia.

Identification Mark: 1. A black mole over left side of Chest.

OBSERVATION REPORT

History. Clinical evaluation, and Psychometry reveal that she has suffering from Specific Learning Disorder (Dyslexia).

She may be given the following concessions during board examination:

- 1.Exemption from second language(Tamil).
- 2 Overlooking of spelling & Gramatical mistakes.
- 3. Usage of Calculater.
- 4. Exra time of one Hour.
- 5. Scribe for reading questions.
- 6. Exemption from practical examination.

1. Dr.Ravichandran. MD., (Professor of Rheumatology) Prof. of

Chairman CHAIRMAN

HIGHONAL MEDICAL BOARD

2. Dr.Raju. M. S. D. on. (Professor of Orthopedics)

Prof. of

Member MEMBER

FEBIONAL MEDICAL BOARD

THE MADE - KUR OIC

3. Dr. Vallisathyamoorthy. MD, (Professor of Anaesthesia)

Prof. of

Member

14/10/15

MEMBER

"EGIONAL MEDICAL BOARD

JUENINIAI - BUN MIY

Govt.Kilpauk Medical college Hospital

Chennai-10.

lululis

MEDIT AL BOARD IN LIGHT AL BOARD IN LIGHT AL BOARD IN LIGHT AND IN LIG

!, h '' | . Pt Name: Sanjana 15 F

OP NO: 3278/15

Ref for: LD and ispattention assomer (ADHO)

This pt is a 15 yrs old tamil speaking female who has been referred from medical board for assument. Combism, oriented and Corperative for the oronners. Alle to understand the given instructions and follow the same. Attention could be aroused but illowstained at times.

# Pests Administered ?

- ) Bender Crestalt Visuomotor Pest
- 2) Nimhan Screening Index for dyslexica
- 3) Attention Deficit typeroutisty Disorder Severity Rating Scale

On aresment for LD, her verlal and vocabulary skiels one Who her age level. Her wnitten expression showed significantly Test finding" poor handwriting, spelling error, angulation difficulty and Commission and armin of letters in the words. Her visuouster gestaut function are adequately developed i angulation difficulty. On assessment for ADHO, she showed moderate level of symptoms as fidgeting, impulsive speech, distracted attention are noted in her The ament prychometric evaluation of the pt Shrowed that she of sperific learning disability in her written expression along a strongtom she might be dentited from periodical expression along a strongtom. The might be dentited from periodical and a moderate level. The might be dentited from the diorder at a moderate level. The might be dentited from the diorder at a moderate level. for her progress on the strong emotionally instrating fatten belæted to her overall behaviour as attention skeking.

#### RCI Registration No: A07047 Assistant Professor of Psychology cum Clinical Psychologist, Institute of Mental Health, Chennal-10

#### 1. ஊனத்தின் சான்றிதழ் Disability Certificate

Disability Certificate			
மருத்துவமனை/நிறுவனத்தின் பெயர் மற்றும் முகவரி சான்றிகம் எண்	10000	100 mars 100 m	1
Name & Address of the Institute / Hospital issuing the Certificate Certificate No. Date உள்ளமுற்றோருக்கான மருத்துவச் சான்றிதழ் Certificate for the Persons with Disabilities திரு/திருமதி/செல்லி த.பெ./க.பெ.	கையொப்பம் (மருத்துவர்) (முத்திரையுடன்) (DOCTOR)	கைபோய்பம் (முகுத்துவர்) (முத்திரையுடன்) (DOCTOR)	கையொப்பம் (மகுத்தின்) (முத்திரையுடன்) (DOCTOR)
ஆண்/பெண் பதிவு எண் இவர் பார்வையற்றவர்/உடல் ஊனமுற்றவர்/பேசும்திறன்/செவித்திறன் குறையுடையவர் சதவிகிதம் (%) ஊனமுடையவர்	35,005 77	(Seal)	(Seal)
This is to certify that Shri/Smt/Kum M DHAND VARSHIM son/wife/daughter of R-MANDVASACIAM Shri	ஊனமுற்ற நபரின் Signature/ Thumt	கையெருப்பும்/விரல் Simplession of th	் ரேகை ne patient
Ageold male/female, Registration No. 2360% is a case ofold male/female, Registration No. 2360% is	127		க்ரணிப்பாளர்/ தலைமை லா/மருத்துவமனையின்
disabled and has % (	BESSE TO STATE OF THE PARTY OF	gned uperin	ολωπύμιω by the tendent/CMO/Head n Seal)
Note 1. ஊனத்தின் தன்மை முன்னேற்றம் அடையக் கூடியது / முன்னேற்றம் அடைய முடியாதது / குணமடையக் கூடியது / குணமடைய முடியாதது This condition is progressive/ non-progressive/likely to improve	<b>是为《</b> 中)	TO NOXE	SOL
not likely to improve* 2 மாதங்கள்/ ஆண்டுக்குப் பிறகு மறு மதிப்பீடு			DAR, M.B.B.S. D. Orth
Re-assessment is not recommended / is recommended after a period ofmonths/years*		JAN 3	n Regd No. 42
* பொருத்தமில்லாதவற்றை அடிக்கவும். * Strikeout which is not applicable.		aga .	r, Chennai-78
C+ Dibbe MA			

# Rajiv Gandhi Govt General Hospital, Chennai-3.

Certificate No: 001523 | RMB | R5999H | 16

Held on: 22/1/2016

Certificate for the person with Learning Disabilities-LD

This is to certify that Mr/Mr/selvi NIKITHA - RAMKUMAR S/o, D/o, W/o\_\_\_\_

Aged 22 years, is a person suffering from Learning Disorder with specific impairment in Reading (dyslexia) / spelling / arithmetic /motor coordination. Since his/her condition results in a specific impairment of scholastic functioning he/she may be allowed the following concessions as permitted

- 1. Exemption from Tamil Language/ second language
- Z Extra one hour for writing theory exam
- 3. Overlooking spelling mistakes
- 4. Using calculator
- 5. Allocation of a scribe

This condition is progressive/ non progressive

Tikely to improve/ not likely to improve.

Reassessment is recommended / not recommended after a period of 3. months/years.

CHENNAL-SOI LEG

CHENNAL BOU BOX :

# Form - IV Disability Certificate

(In cases other than thos thentioned in Forms II and III)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:

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2-8	مرازي ان	-	4
Dr.S	. Carlos	#	Lean
		WIGHT	cam
Cov	t. Hospital	, 11.	

Certificate No. Date: carefully examined have This to certify that Shri/Smt./Kum. Date of son/wife/daughter of Shriyears, male/female\_ Birth MM Registration No. permanent resident of House No. District Ward/Village/Street Post-Office . 14 hose photograph is affixed State - Disability. His/her above, and am satisfied that he/she is a case of -extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability.	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
12.8.8.14	Locomoto Disability	@		
2	KOVI. HOBOIRIVINGON	# #	RELY	har fight in
3.	Blindness	Both eyes	Nyth	m 100
4.	Hearing Impaired	£		1
5.	Mental Retardation	X		
6.	Mental Illness	X		

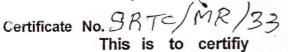
(Please strike out the disabilities which are not applicable)

### Form-IV

DISABILITY CERTIFICATE

in cases other than those mentioned in Form II and III) (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING

(See rule 4)



that I have carefully

Shri/Smt/Kum R. Poor Veja Son / wife daughter of

Shri B. Ramesh

Date of Birth 6 04 98 Age 6 years, Wale / female YY)

Registration No. CHW/MR/46935 Permanent resident of House

No. 14 13. Ward / Village / Street 6 main Rd Post Marsharsharam rage

Office Vala Charry District Chemai State Tomil Mady book

Whose photograph is affixed above, and am satisfied that he/she is a case of MENTAL RETARDATION 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.

S.No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in %)
1.	Locomotor Disability	@		No real of property .
2.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£		
5.	Mental Retardation	Х	mild tape	414. (Jayone)
6.	Mental Illness	Х		

BEARFILTY CHRITEFICATE

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

3. Reassessment of disability is:

(i) not necessary,

0

(ii) is recommended/ after	_years		month	s, and therefore
this certificate shall be valid till				o, and more of
		_	100	

(DD): ...

(MM)

(YY)

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

Nature of Document	Date of Issue	Details of authority issuing certificate
water the relation		Wave / Village / Stre
1		

h poores

Signature/Thumb Impression of the Person in whose Favor disability Certificate is issued

Dr. V. JAIKI

ASSISTANT P

(Authorized Signatory of notified Manager Authority (Name and seal)
(Counter signature and seal of the CMO/Medical Superintendent/Heac Covernment Hospital, in case the Certificate is issued by a medical awho is not a government servant (vessel)

## Disability Certificate

State Resource Cum Training Centre for Differently Abled Persons.

K.K. Nagar, Chennai - 78

(Unit of the Office of the Commissionerate for the Welfare of the Differently Abled, Chennai - 6)

Dr M GEMATHI SAUKAR MEBS, Y Reg No 68191

Reg No 68191 ASSISTANT SURGEON GOVT PERIPHERAL HOSPITAL K KNAGAR CHENNAL 78

Certificate No.

SRIC/MRY9

Date: 7/10/2011

This is to certify that I have carefully examined
Shri/Smt/Kum. 8. Gita priyaa
son/wife/daughter of Shri B. Siva Kumar
Date of Birth 17 08 2006 Age 11 years, male/female F
(DD/MM/YY)
Registration No. CHN MR 34997 permanent resident of House
No. 16 A 30 A Ward/Village/Street Raga van Street Post
No. 164 30 A Ward/Village/Street Raga van Street Post  Office Vetn NagarDistrict State Jamil Nadu
whose photograph is affixed above, and am satisfied that he / she is a case
of Disability. His/her extent of permanent physical
impairment/disability has been evaluated as per guidelines (to be specified) and is
shown against the relevant disability in the table below:-

SI. No.	Disability	Affected Part of Body	Diagnosia	Permanent physical impairment / mental disability (in%)
1.	Locomotor Disability			
2.	Low Vision			
3.	Blindness			
4.	Hearing Impaired			
5.	Mental retardation	Benta	22-50	1.22
6.	Mental Illness		QUED ALS.	₹<%.

(Please strike out the disabilities which are not applicable)

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

3.	Rea (i)	assessment of disability is:		uni am	
	(ii)	Or is recommended / after	Vé	ears	months and the sec
	this	certificate shall be valid till	i i fedi	yllinen n	months, and therefore
		- PODERA	(DD)	(MM)	(*****)

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

Nature of Document	Date of Issue	Details of authority issuing certificate
Ration cand.	DEC-2004	CSEPP

(Authorized Signatory of notified Medical Authority)

Reg No 68191 (Name and seal)

ASSISTANT SURGEON

ASSISTANT SURGEON GOVT PERIPHERAL HOSPITAL K K.NAGAR CHENNA! 78

S. Gila poi

Signature / Thumb impression of the person

# Form - IV Disability Certificate (In cases other than those mentioned in Forms II and III)

	NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE:  K.K. NAGAD
	CHENNO CHENNO
	CHENNAGAR Date: 3, 8, 18
	Reg No. 61875 ant Surgeon
	A MENTAL HEAL
	Certificate No. Soze
	This is to certify that I have carefully examined
	Shri/Smt./Kum. V. PREETHA VELAN
	son/wife/daughter of Shri T. VELAN (V. ESWARI) Date of
	Birth 18 07 1999 Age 19 years, male/female FEMIALE
	(DD / MM / YY)
	Registration No. CWN MR / H 6 bermanent resident of House No. 1012
	Ward/Village/Street Loop STREET Post-Office C.I.T. COLONDistrict
0	H-4 MYLAPORE State TAMILNADU whose photograph is affixed
	above, and am satisfied that he/she is a case of
	extent of permanent physical impairment/disability has been evaluated as per guidelines
	(to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#	200	High spaces of the second seco
3.	Blindness	Both eyes		
4.	Hearing Impaired	£		
5. V	Mental Retardation	X	Mild	Pamenent Pa-60
6.	Mental Illness	X	mental Petardet	

(Please strike out the disabilities which are not applicable)

GCP--410-8--4,00,000 Cps.-24-9-2014. {HCL-11}

- 2. 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 (O 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:-

Nature of Document	Date of Issue	Details of authority issuing certificate
Aadhan Cand	manes and de la later	Grovt - Of India
7614	9843 5592	until rager Vitral 7

v.Preeda Velan

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued Dr. S. SUJATHA

Reg. No. 61875

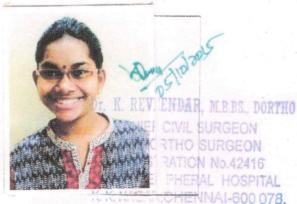
Civil Assistant Surgeon
INSTITUTE OF MENTAL HEALTH
Chennai - 600-010

(Authorized Signatory of notified Medical Authority (Name and seal) (Counter signature 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)

## GOVERNMENTY PERIPERAL HOSPITAL, K.K. NAGAR, CHENNAI 78

#### IMPAIRMENT / DISABILITY CERTIFICATE

This certificate represents % of physical impairment and not valid for medico Legal
This is to certify that Thiru/Tmt/Selvan/Selvi G. B. VITAYA VARSINI
Son of/ daughter of/ wife of Thiru. K. 40VINDADOSC
Aged 16 Years old male/ female OP / IP No. 9637/15
is a case of Impanie hemberons & multi multi multi wateres
He / She is physically handicapped and has
permanent physical impairment / disability.



He / She is entitled for all allowances and concessions when the disability exceeds 40%

Identification marks

1. ABM B sox new

2. Aus Bry

Signature of the patient (In case of minor, Signature of Parent / Guardian along with Name and Address.)

Seal

Medical Board for VIL SURGEON
Physicalled Challenged URGEON

REGISTRATION No.42416 GOVT. PERIPHERAL HOSPITAL K. K. NAGAR, CHENNAI-600 078.