

Kochi - 682 011, Kerala

Affiliated to Mahatma Gandhi University Centre of Excellence under Govt. of Kerala Identified by UGC as College with Potential for Excellence

Tel: 0484-2352838. Fax: 0484-2363038 Website: principal@maharajas.ac.in www.maharajas.ac.in

#### **Declaration**

2.2.3

It is hereby certified that the following mentioned six students were on roll in academic year 2018-2019.

| Name of the Student | Program        | Admission<br>Number |  |
|---------------------|----------------|---------------------|--|
| Parvathy N S        | B.A.Philosophy | 4112                |  |
| Haivellsan Wilson   | B.A.Philosophy | 4063                |  |
| Venkidesh T V       | M.Sc. Physics  | 4614                |  |
| Sanjai S Kumar      | B.A. Politics  | 4049                |  |
| Anju Sasi           | B.A. Politics  | 4034                |  |
| Sreenisha T. S      | M. A Politics  | 5013                |  |

RECIPI GENDE PRINCIPAL





#### DISTRICT MEDICAL BOARD ERNAKULAM

#### DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSON

ide Government of India, Ministry of Welfare It N: A2.83, New Delhi Dated : 06-03-1996

NO. C2-MB/489/19.

Jones III

Dated : 21/02/2019

Signature / Thumb impression of Patient:

| Sri/Smt/Master/Kumari 2 10 7 0 . On .   |
|---|
| aged 18 years residing at 80 cool of 09m  |
| 820660), H.M.7. 6830. P.O, Ocom 2003  |
| whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY                                    |
| ASSESSMENT Board for handicapped on this day the of February 2019 , and we  |
| find that be / she is suffering from Light for folly B  |
| and hence he/she is locomotor/ visually I speech and hearing / mentatty / multiple handicapped                            |
| and the resultant permanent / Temporary disability is assessed to be 50 / ( Fifty presented why) and come under category. |
| category.   |

The certificate issued by the Medical Board shall make this person eligible under schemed of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified. This certificate is not valid for legal purpose.

#### **Board Members**

| SI.No. | Name              | Designation    | Department    | Signature |
|--------|-------------------|----------------|---------------|-----------|
| 1.     | Dr. C.K. MANOJ    | Orthopaedician | Orthopaedics  |           |
| 2.     | Dr. BINDHU G.S.   | Physiatrist    | PMR           | Like      |
| 3.     | Dr. ANIL KUMAR    | ENT Surgeon    | ENT           | 4 4400    |
| 4.     | Dr. Tony Thomas   | Psychiatrist   | Psychiatry    | A si      |
| 5.     | Dr. SHARMILA C.P. | Opthalmologist | Ophthalmology | (c)       |

CSENERAL HOSPI

Signature

Name

Dr ANITHA.A

Chairman & Superintendent

(Seal)



WebSite: www.cmccochin.org Email: md@cmccochin.org



## GOVERNMENT MEDICAL COLLEGE HOSPITAL, ERNAKULAM

Kalamassery, HMT Colony, Kochi – 683 503

CNO. 170/18

### DISABILITY CERTIFICATE



| Sri/Smt/Master/Kumari. HAINELL SAN. WILSON. aged. 20years                                  |
|--|
| residing at NECHIKRATTIL, PAZHOOR, PIRANOM   |
| .ERMAKULAM 6.8.66.6.4  |
| constituted by Medical Superintendent of Government Medical College, Ernakulam, and a      |
| medical examination was done for him/her on 21.06.1201. He / she entertains a diagnosis of |
| He/she has a disability of   |
|  |
| 1. The disability is classified as mild/moderate/severe/profound/total.                    |
| 2. This condition is progressive/likely to improve/not likely to improve.                  |
| 3. Permanent/recommended after a period of/ age ofyears.                                   |
| Identification marks:-1) An coound Scar on the contral forchead                            |

2)

#### **Board Members**

| Sl.No | Name             | Department    | Signature |
|-------|------------------|---------------|-----------|
| 1     | Dr. Anyone Zami  | Psychiatry    | 0         |
| 2     | Dr Manin Abraham | Ophthalmology | Colc      |
| 3     | De Siso Forgon   | Orthopaedics  | 28        |
| 4     | Dr. Geethe Macr  | ENT           | Ju-       |

Signature/Thump impression of Patient:

Haiser

Counter signed by

Date: 21/06/2018

Dr. Peter P Vazhayil Medical Superintendent

MEDICAL SUPERINTENDENT

#### STANDARD FORMAT OF THE CERTIFICATE

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate

| Certificate No. (2 22 //2 //2  |   | Date 4.6.//? //  |
|--|---|--|
| CERTIFICATE FOR  | THE PERSONS WIT   | H DISABILITIES   |
| Age 17.1 old male/female, Reconsically disabled/ speech/Menta for cent permane meaning impairment) in relation to his/her.  Note:  This condition is progressive/non months/years* | egistration No. 12 22  Place de Montale  Hy disabled/ hearing/  nt (physical impairme  Clebral polls  progressive/ likely to impr | MANAMI P.C. Is a case of He She is disabled/ and his 30 int/ visual impairment/ speech is cove/ not likely to improve. |
|  | Strike out which is not app   | licable  |
| Sd- DOCTOR) Seal  Signature Thumb impression of the pat  | Sd/- E. (DOCTOR) Seal   | Sd/- (DOCTOR)  WATRIY Seal   |
| Rei ph showing the disability affixed here   |   | Hand WITHA A   |

Countersigned by Medical Superintendent/ CMO/ Head of Hospital (with seal) Ent

## Form - VII (As per RPWD Act, 2016) Certificate of Disability

## GENERAL HOSPITAL ERNAKULAM

Hospital Road, Emakulam, Kerala, 680011, INDIA E-mail: generalhospitalemakulam@gmail.com, Ph. 0484- 2386000

Website: www. generalhospitalernakulam.com,



Dated: 12/12/19

| 1                     | This is to certify that we ha | ive carefully examined Sri /Smt / Ms              | Sanjai<br>Sanheesh   | s. Kumar.s                         | 8    |
|-----------------------|-------------------------------|---|--|------------------------------------|------|
| Regi<br>Post<br>State | office Kunnur                 | son / wife / daughter of Sri<br>19/03/2001Age 18: | treet Tham are not warm not warm ph is affixed above and a   | re satisfied that  / Her extent of | lope |
| relev                 | ant disability in the table b | pelow.  | The second secon | Disability                         |      |
| SI.<br>No.            | Disability                    | Affected Part of Body                             | Diagnosis  | (in %)                             |      |
| 1                     | Locomotor<br>Disability@      |   |  |                                    |      |
| 2                     | Muscular<br>Dystrophy         |   |  |                                    |      |
| 3                     | Leprosy cured                 |   |  |                                    | 1    |

| No. |                                 |          |                    |     |
|-----|---------------------------------|----------|--------------------|-----|
| 1   | Locomotor<br>Disability(a)      |          |                    |     |
| 2   | Muscular<br>Dystrophy           |          |                    |     |
| 3   | Leprosy cured                   |          |                    |     |
| 4   | Dwarfism                        |          |                    |     |
| 5   | Cerebral Palsy                  |          |                    |     |
| 6   | Acid attack Victim              |          |                    |     |
| 7   | Low Vision #                    |          |                    |     |
| 8   | Blindness #                     |          |                    |     |
| 9   | Deaf *                          |          |                    |     |
| 10  | Hard of Hearing *               | Bolt Ren | Bulalgial Poraform | 80% |
| 11  | Speech & Language<br>Disability |          |                    |     |
| 12  | Intellectual Disability         |          |                    |     |
|     | Specific Learning Disability    |          |                    |     |

## TALUK LEVEL MEDICAL BOARD CERTIFICATE

f)f f / Signature of the applicant

No. B3-101/11



| Smt. ANJU SASI aged 19 NELLAD, whose signature is given today and we fin | above and has been examined | CUDY VEEDU, NELLAD P.O., by the Taluk Level Medical Bourd is suffering From |
|--|-----------------------------|---|
|  |                             | and hence be/she is for   |
| motor/visually/speech and hearing/M                                      |                             |   |
| is assessed to be carefully pener  | ( ) and come under          | Service category  |
| Dr. ARUVITAP<br>PHYSIATRIST  | Dr.<br>PSYCHIATRIST         | Dr. SURGEON   |
| r. Robell's<br>NTSURGEONENT DED  | Dr. Dr. OPHTHALMOLOG        | ast   |
| ce: Perumbayoor  | SUPERINTI                   |   |
| CE: 17.4. B WATE DATE  | 1.H.Q.HOS                   | PITAL, PERUMBAVOOR  |

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# MEDICAL COLLEGE HOSPITAL

THRISSUR

1887

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| OR | EDUC | ATIONA | L PU | RPOSE  | ONLY    |
|----|------|--------|------|--|---------|
|    |      |        |      | The state of the s | O'ILL I |

FOR EMPLOYMENT ONLY

FOR FINANCIAL AID ONLY

CERTIFICATE

(GO (P) 161/97/H & FWD Tvm. Dt. 15-5-97)

For Special Conveyance Allowance Only

ARISSUR A

FOR RE-ASSESSMENT ONLY

For Electricity Connection Only

| Signature of the Candidate  |
|---|
| Certified that Sri/Smt. SRINISHA-7.5, 745, Do Sxeedbaya Thoomate Co. P-o. Brohman Kalamwhose signature is given above, was medically examined by the Medical Board to examine the Physically Handicapped on 19-11-03 He/She is Laving maderale visual |
| BOARD MEMBERS:  He/She is Raving maderale visual deplayment light in goluar.  BOARD MEMBERS:  BOARD MEMBERS:  |
| BOARD MEMBERS: Lambyonia 160 7 NICO   |
| 1. Specialist i/c. Orthopaedic Department:  2. Specialist i/c. of Physical Medicine:  |
| 3 Specialist i/c of Ophthalmology: 4000 A should 74.  |
| 4. Specialist i/c, of E.N.T.: Den my 2 sm   |
| 5. Specialist i/c. of Psychiatry:   |
| Chairman CEDICAL OCLLEGE HOSPITA  TORNING SACON  Medical Board for the Physically Handicapped,  Medical College Hospital, Thrissur.   |