

223 PWD

→ 2K19/ME/01

aarshdeep singh sandhu

B.Tech

INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES

(Hospital based autonomous academic Institute, under Government of National Capital Territory of Delhi, dealing with)

"Brain – Mind Problems & their Solutions"

Dilshad Garden, Delhi 110 095 (India)

Tel.: 2211 2136 Fax: 2259 9227, E-mail: directorihbas@vsnl.net; website: ihbas.delhigovt.nic.in



FORM - IV

DISABILITY CERTIFICATE

(for disability related to mental illness / mental retardation / multiple disabilities with mental illness or mental retardation)

Certificate No MI-218 Date 1.8/2013

This is to certify that I have carefully examined

Shri / Smt. / Kum. AARSHDEEP SINGH SANDHU

son / wife / daughter of Shri JAIDEEP SINGH SANDHU

Date of Birth 25.07.1997 Age 16 years

Sex.... MALE Registration No. 2013-06-27667

permanent resident of P-9, MAUDE ROAD, DELHI CANTT,

..... NEW DELHI - 110010

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

Disability. His / Her extent of percentage physical impairment / mental disability has been

evaluated as per the guidelines (to be specified) and is shown against the relevant disability in the

table below: -



R. SINHA
Asst. Prof.
Dept. of Clinical Psychology
IHBAS, Delhi-110095

S.No.	Disability	Affected part of body	Diagnosis	Permanent / temporary physical impairment / mental disability (in %age)
	Mental retardation	X	X	X
	Mental illness		SPECIFIC LEARNING DISORDER OF MIXED SCHOLASTIC SKILLS (IQ=127) (ICD-10 code F-81.3)	* MODERATE IMPAIRMENT.

(Please strike out the disabilities which are not applicable)

of now, there are no methods or tests for quantifying degree of disability in cases of dyslexia – scientifically agreed upon or administratively approved. In view of the above, it is stated that the clinical grading of Dyslexia as Moderate should be considered as satisfying the need of the degree of disability being over 40% as required by the PWD Act, 1995.

Aarshdeep

2K14/EE/133

F.No. : B-17017/1/VRCD/Ref./Trq./08

1781

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph. : 22372704, 22378234
22378235

Dated : 15.7.14

To

the Registrar

D.T.U.

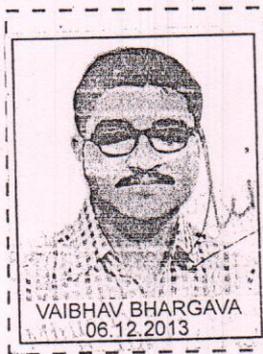
Shahbad Daulatpur,

Bansana Road, Delhi-110042

Sir/Madam,

This is to certify that Shri/Miss/Mrs. Vaibhav Bhargava is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 295/VH/14. He/she has been found suitable for seeking admission in B.Tech in C.S.E./I.T. Engg./S.E. Course.

His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Encl. : As above.

Application Form No./Roll No. 14504013

Vaibhav

Yours faithfully,

for Vaibhav

Assistant Director (Emp.)

Ass. Dir. (Emp.)
Vocational Rehabilitation Centre
For Handicapped
Ministry of Labour, D.G.E.&T.
9, 10, 11, Karkardooma
Vikas Marg, Delhi - 110092

2K14/EC/121

F.No. : B-17017/1/VRCD/Ref./Trq./08 /684

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.

Karkardooma, Delhi-92

Ph. : 22372704, 22378234

22378235

Dated : 7/3/2014

To

The Registrar
DTU Shri Babu Samlal-pur
Banaras Road, Delhi - 110042.
Sir/Madam,

This is to certify that Shri/Miss/Mrs. Priyanka,

registered with this Centre as an orthopaedically handicapped/visually handicapped
hearing handicapped candidate vide Inake No. W41/PH/14.

He/she has been found suitable for seeking admission in Computer Science
I.T Engg/Electronics & Communication Engg.

His/her application form may kindly be considered for admission. His/her attested
photograph is also enclosed, herewith for identification.



Encl. As above.

Application Form No./Roll No. 14500634

Yours faithfully,

for Lika
Assistant Director (Punwasi)
विकलांग व्यावसायिक प्रशिक्षण
केंद्र मंत्रालय लेज० एवं प्रशिक्षण महल
9, 10, 11, कर्कड़दूमा
विकास मार्ग दिल्ली-110092

F.No. : B-17017/1/VRCD/Ref./Trq./08

MS9

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph.: 22372704, 22378234
22378235

Dated : 19.6.14

To

The Registrar/Controller of Examination
G.G.S.I.P. University
Sector - 16 C, Dwarka
New Delhi - 110078

Sir/Madam,

This is to certify that Sh/ri/Miss/M/ys. Yogya Sidana is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. W32/HH/14. He/she has been found suitable for seeking admission in B.Tech in Chemical Engg./ Bio Tech Engg./ Computer Science Engg./ I.T. Engg. Course. H/s/her application form may kindly be considered for admission. H/s/Her attested photograph is also enclosed, herewith for indentification.

Yours faithfully,

Assistant Director (Rehabilitation)
Vocational Rehabilitation Centre
For Handicapped (Emp.)
Ministry of Labour D.G.E.&T.
9, 10, 11, Karkardooma
Vikas Marg, Delhi - 110092



Asst. Dir. Vocat
Yogya Sidana
26.11.13
Ministry of Labour & Employment
9, 10, 11, Karkardooma
Vikas Marg, Delhi - 110092
Application No./Roll No. 9756569
I.&T.
Registrar (Vocational) Centre
26/6/14

Attested by self
Yogya Sidana

F.No. : B-17017/1/VRCD/Ref./Trq./08

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph. : 22372704, 22378234
22378235

Dated : 11-7-14

To
The Registrar
Delhi Technological University
Shekbad Daulatpur,
Bawana Road, Delhi-110042

Sir/Madam,

This is to certify that Shri/Miss/Mrs. Yugal Kumar Bhushan is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 170/NH/13. He/she has been found suitable for seeking admission in B.Tech in M. E./P.T.E./S.C.O.E./I.T./M.C.E./BioTech/E.N.E./C.P. Course.

His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Encl. : As above.

Application Form No./Roll No. 54511671

Yours faithfully

for Liya
Assistant Director
विकलांग व्यावसायिक प्रशिक्षण निदेशक (अ)
असम मंत्रालय भवन एवं प्रशासनिक मंत्रालय
3.10.11
दिल्ली-110092

F.No. : B-17017/1/VRCD/Ref./Trq./08/285

GOVERNMENT OF INDIA

**Vocational Rehabilitation Centre
for Handicapped**

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph. : 22372704, 22378234
22378235

Dated : 15.7.14

To

*The Registrar
D.T.U.
Shahdoad Daulatpur
Barwana Road, Delhi-110042*

Sir/Madam,

This is to certify that Shri/Miss/Mrs. Ajit Singh Kustwaha is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 122/04/14

He/she has been found suitable for seeking admission in B.Tech in C.E./E.C.E./I.T./S.E./E.E.E. Course.

His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Yours faithfully,

[Signature]
Assistant Director (Rehabilitation)
for Assistant Director (Emp.)
Vocational Rehabilitation Centre
For Handicapped
Ministry of Labour D.G.E.&T.
9, 10, 11, Karkardooma
Vikas Marg, Delhi - 110092

Encl. : As above.

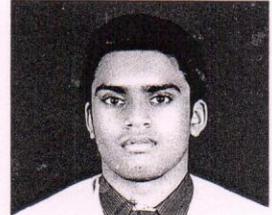
Application Form No./Roll No. 14552960

CERTIFICATE FOR PHYSICALLY DISABLED
To be issued by Medical Board from Government Hospital

1. Name of the candidate: Mr./Ms. Atul Jaiswal

2. Father's Name: Sri Alok Kumar Jaiswal

3. Permanent Address: Navagan, Kota, Bilaspur
(Chhattisgarh)



4. Percentage loss of earning capacity (in words):
slightly more than 100%

5. Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: Yes

6. Name of the disease causing handicap: Deaf & mutism (Hearing impairment)

7. Whether handicap is temporary or permanent: Permanent

8. Whether handicap is progressive or non-progressive: Non-progressive

9. The candidate is FIT / UNFIT to pursue the engineering studies. Fit

10. (Strike out whichever is not applicable)

[Signature]
 Member
 (Orthopaedic Surgeon,
 S.P. Hospital, Bilaspur (C.G.))

[Signature]
 Member
 (जिला चिकित्सालय
 बिलासपुर (छ.ग.))

[Signature]
 Principal Hospital Superintendent
 Officer, Dist. Hospital Bilaspur (C.G.)

Date: 7 JUL 2014



NOTE:

1. The medical board must have one orthopaedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.

OFFICE OF THE MEDICAL OFFICER INCHARGE

PRIMARY HEALTH CENTRE

MANJHA (GOPALGANJ)

84.
16/4/13



REPORT OF THE MEDICAL BOARD FOR "THE HANDICAPT"

1. Name of Candidate : Tabrez Alam

2. Father's/Husband Name : Md. Shannim

3. Permanent Address : Vill. Dhamapakad
 Post. Dumariya Panchayat. Gausla

Block :- Manjha, Dist. :- Gopalganj (Bihar)

4. Date of Birth :- 10-10-1996

5. Mark of Identification :- cut mark on forehead

a) Visul :-

b) Locomoter :- PPRP left lower limb & muscle wasting of pelvic girdle and scapular & shoulder

c) Speak & Hearing :- Spine

d) Mental :-

6. Category :- Disability 65% (Sixty five)

MILD	PROFOUND	MODERATE
------	----------	----------

SEVERE	TOTAL
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Tabrez Alam

Tabrez Alam

7. Signature of Candidate :-

8. Date :-

Sign. of Mamber	Sign. of Mamber <u>Mishra</u> M.O. PHC Manjha	Sign. of Mamber <u>16.4.13</u> M.O. PHC Manjha	Sign. Chairman <u>16.4.13</u> Medical Officer Incharge
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**Form-IV
Disability Certificate**
(In case of other than those mentioned in Form II and III)
(Medical Superintendent, VMMC & Safdarjung Hospital, New Delhi - 110029)
(See Rule 4)



Certificate No. DG-09-MR 12-11/14

Date: 5-2-14

This is to certify that I have carefully examined **Mr. Suvigya Nijhawan** Son of **Shri S.K. Nijhawan** Date of Birth **07 / 08 / 1996** Age **17** years Male.
(DD) (MM) (YY)

Registration No. **1400006931** permanent resident **House No.C-446 1ST FLOOR, Vikas Puri Village/St.No Post Office-Vikas Puri Pin Code 110018**
District **West Delhi State New Delhi** whose photograph is affixed above, and are satisfied that He is a Case of Disability. His extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Hearing Disability (in %)
1.	Hearing Impairment	£ e.g. Left/Right/Both Ear Both Ears (PTA No.6190 Dated 21.01.2014)	Bilateral Mixed Hearing Loss	40 - 50%

(Please strike out the disabilities which are not applicable)

- The above condition is non-progressive and not likely to improve.
- Reassessment of disability is:
 - Not necessary,

@ 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
1. Birth Proof	_____	_____
2. Residential Proof	_____	_____
3. Adhar Card	_____	_____

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

[Signature]
DR. P. S. ...
Medical Superintendent
& Assistant Director
Safdarjung Hospital, New Delhi

Counter Signed
(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))

[Signature]
C.M.O., (M.R.D.)
For Medical Superintendent
Safdarjung Hospital, New Delhi



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.

[Signature]

[Signature]
शकेश कुमार भार्गव, (आई.आर.ए.ए.)
वरिष्ठ ऑकड़ा संसाधन प्रबन्धक
उ.रे बडोवा हाऊस नई दिल्ली-०१
RAKESH KUMAR BHARGAVA (IRA)
Data Processing Manager
House, New Delhi

2K14/CE/120

F.No. : B-17017/1/VRCD/Ref./Trq./08

783

GOVERNMENT OF INDIA

**Vocational Rehabilitation Centre
for Handicapped**

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph. : 22372704, 22378234
22378235

Dated : 15.7.14

To

*The Registrar
D.T.U.*

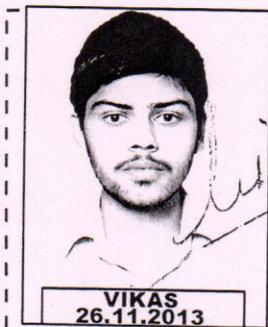
*Shahbad Daulatpur,
Bawana Road, Delhi-110042*

Sir/Madam,

This is to certify that Shri/M^{rs}/Mrs. Vikas is registered with this Centre as an orthopaedically handicapped/~~visually handicapped~~ hearing handicapped candidate vide Inake No. 291/04/14

He/she has been found suitable for seeking admission in B.Tech in Civil Engg.
I.T. Engg. Course.

His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Yours faithfully,

Vikas
for Assistant Director (Emp.)
Vocational Rehabilitation Centre
For Handicapped
Ministry of Labour D.G.E.&T.
9, 10, 11, Karkardooma
Vikas Marg, Delhi - 110092

Encl. : As above.

Application Form No./Roll No. 14 S10878

217

GOVT. OF NCT OF DELHI
LAL BAHADUR SHASTRI HOSPITAL
KHICHRIPUR, DELHI-110091

FORM -VIII
DISABILITY CERTIFICATE
(In cases of multiple disabilities)
(See Rule 4)

Certificate No. 161/ORTHO/LBSH/2016
This is to certify that we have carefully examined Shri/Smt./K. HARSH KUMAR SINGH
Son/Wife/Daughter of Shri ASHOK KUMAR SINGH Date of Birth 08/12/1998
Age 17 years Male/Female (M) Registration No. 350130/01/09/2016
permanent resident of House No. C-16 Ward/Village/Street PANDAV NAGAR
Post Office LAXMINAGAR District EAST State DELHI-92

Date 29/09/2016



whose photograph is affixed above, and am satisfied that:
(A) He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Specialist DME Regd LBS Hospital Govt. of NCT of Delhi
1.	Locomotor disability	@ U Upper	Congenital P	Specialist Orthopaedics 68%
2.	Low Vision	# limb	Hereditary	
3.	Blindness	Both Eyes	hered U	
4.	Hearing impairment	E		
5.	Mental retardation	X		
6.	Mental illness	X		

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:
In figures: 68% percent, In words: Sixty eight percent

- This condition is progressive / non-progressive / likely to improve / not likely to improve. non-progressive
- Reassessment of disability is:
(i) not necessary, OR (ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till _____ / _____ / _____
@ e.g. Left/Right/both arms/legs # e.g. Single eye/both eyes £ e.g. Left/Right/both ears.

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

Nature of Documents	Date of Issue	Details of authority issuing certificate
VOTER I/D No IPS 0921544	20-10-2008	ELECTION COMMISSION OF INDIA AC-58 LAXMINAGAR DELHI

5. Signature and seal of the Medical Authority

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

Dr. BRNEESH KUMAR JAIN
MS. DNB
Specialist Orthopaedics
DME Regd 00712
LBS Hospital, Khichri Pur
Govt. of NCT of Delhi

Dr. NITIN ANAND
Name and seal of Member
Specialist (ENT)
DME Regd - 23596
LBS Hospital, Govt. of NCT of Delhi
Khichripur, Delhi-91

Dr. NEHA
Name and seal of Member
Specialist (Orthopaedics)
G.N.C.T.D., LBS Hospital
Khichripur, Delhi-110091
DME/R103975

Dr. HARISH MANSUKHANI
Dy. Medical Superintendent
LBS Hospital Khichripur,
Govt. of Delhi.
Countersigned by
Medical Superintendent / Dy. Medical Superintendent.

F.No. B-17017/1/VRCD/Ref./Trg./1975

Government of India

National Career Service Centre for Differently Abled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

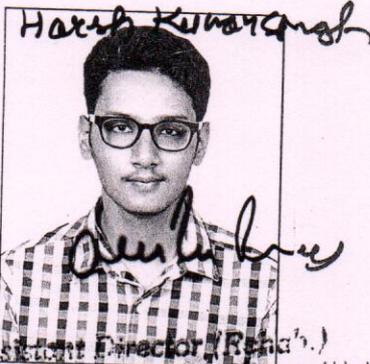
Dated: 22-06-2017

To,

The Chairman/ NSIT/ DTU/ IITD/IGDTUW, Delhi
B.E Admission committee (2017),
Delhi Technological University,
Shahbad Daulatpur, Main Bawana Road,
Delhi-110042.

Sir/Madam,

This is to certify that Shri/ Miss/ Mrs. HARSH KUMAR SINGH is registered with this centre as an orthopedically handicapped/visually handicapped/ Hearing handicapped candidate vide Intake no. 148/OH/2017. He/She has been found suitable for seeking admission in Mechanical Engg / Computer Science Engg / IT / Software Engg. His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Yours faithfully,

Assistant Director (Rehab.)
National Career Service Centre for Differently Abled
Government of India
Ministry of Labour and Employment (DGE)
Delhi-110092
Roll No. 11633016

Assistant Director (Rehab.)
Assistant Director (Rehab.)

2K17

GURU GOVIND SINGH GOVERNMENT HOSPITAL

Raghubir Nagar, New Delhi-110027

(Other than those mentioned in form II and III)

Government of India

Date: 14/3/17

CERTIFICATE NO. 8531//17
Cr NO- 1011601278125

(See rule - 4)



Surgeon
Raghubir Nagar
CT, Delhi

This is to certify that Disability board have carefully examined Ms./Mr. **Santosh Kumar Mishra, S/o/D/o Sh. Ram Naresh Mishra** Age 18 years, Male R/o **E-103A, Amar Park Zakhira, moti Nagar, New Delhi-110045**. Photograph is affixed above, and board is satisfied that She/He is case of as mentioned in the table Her/His Disability is 93%(in figure). **Ninety Three Percent** Her/His extent of physical impairment/disability has been evaluated as per Disability guidelines and is shown against the relevant disability in the table below:

S: No.	Disability	Part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability			
2.	Low Vision			
3.	Blindness			
4.	Hearing Impairment	Hearing Both Ear	Hearing Disability	93%(Ninety Three) Permanent Hearing disability relation to Both ear
5.	Mental Retardation			
6.	Mental - illness			

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

2. Reassessment of disability is:

Permitted for admission
Musikam
4/7/17

Self Attested
Santosh

F.No. B-17017/1/VRCD/Ref./Trg./ 777

Government of India
National Career Service Centre for Differently Abled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

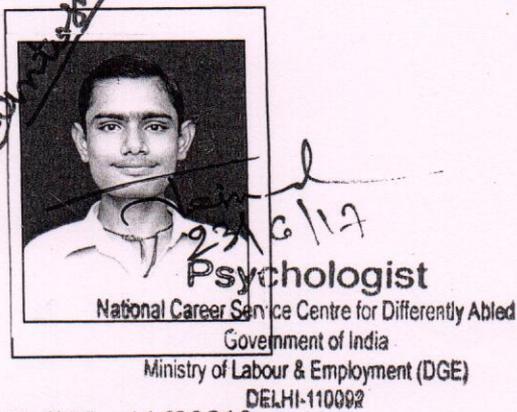
Dated: 23-06-2017

To,

The Chairman/ NSIT/ DTU/ IIITD/IGDTUW, Delhi
B.E Admission committee (2017),
Delhi Technological University,
Shahbad Daulatpur, Main Bawana Road,
Delhi-110042.

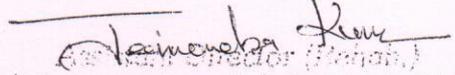
Sir/Madam,

This is to certify that Shri/ Miss/ Mrs. SANTOSH KUMAR MISHRA is registered with this centre as an orthopedically handicapped/visually handicapped/ Hearing handicapped candidate vide Intake no. 172/HH/2017. He/She has been found suitable for seeking admission in Computer Engineering / Info.Tech. / Software Engg. His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Roll No. 11629810

Yours faithfully,


Assistant Director (Rehab)
National Career Service Centre for Differently Abled
Government of India
DELHI-110092

for

2016-17

F.No. B-17017/1/VRCD/Ref./Trq./

854

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph.: 22372704, 22378234
22378235

Dated : 29/6/16

To Asstt Registrar Academic
D.T.U./N.S.I.T./I.I.T.D
Delhi

Sir/Madam,

This is to certify that Shri/Miss/Mrs. JAPNEET SINGH is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 261/OH/2016

He/she has been found suitable for seeking admission in B.Tech in Comp Engg / I.T. / Electrical & Electronics Engg / Electronics & Communication Engg

His/her application form may kindly be considered for admission. His/Her attested photograph is also enclosed, herewith for identification.



DEPUTY DIRECTOR (EMP./HOO)
GOVT. OF INDIA
M.C. LABOUR & EMPLOYMENT, DGE&T
VRC For H. Plot No. 11, Karkarduma
Encl. : As above, Delhi-110092
Application Form No./Roll No. 11617402

Yours faithfully,

[Signature]
29/6/16

Assistant Director (Rehab.)
DEPUTY DIRECTOR (EMP./HOO)
GOVT. OF INDIA
M.C. LABOUR & EMPLOYMENT, DGE&T
VRC For H. Plot No. 11, Karkarduma
Delhi-110092

GOVT. OF NCT OF DELHI,
OFFICE OF THE MEDICAL SUPERINTENDENT
BABU JAGJIVAN RAM MEMORIAL HOSPITAL,
JAHANGIR PURI, DELHI-110033

Ph. No. :-011-27631807

email:msbjrm.delhi@nic.in

CERTIFICATE NUMBER:- 611/0016

Dated:- 12/3/16

OPD. REGISTRATION NO:-722916

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that **SH. JAPNEET SINGH** Age 16 Years, Male Son
of **SH. PREM SINGH** Resident of **A-502, NEAR D.D.A PARK, SHASTRI NAGAR**

ASHOK VIHAR H.O, DELHI is a case of Congenital Weakness

(D) upper limb

He/she has Eighty six percent permanent/temporary

disability in relation to his/her (D) Upper limb & Hand

Note:-

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

*Strike out which is not applicable.

Japneet Singh

Signature/Thumb

Impression of the Patient

Nature of Document ID

AADHAAR ID CARD NO-
552698545628



Dr. SAMEER MEHTA
Specialist Deptt. of Orthopaedics
D.M.C. No.-18804
Babu Jagjivan Ram Hospital
Govt. of NCT of Delhi
Jahangirpur, Delhi-110033

MEMBER

Dr. SAMEER MEHTA
Specialist Deptt. of Orthopaedics
D.M.C. No.-18804
Babu Jagjivan Ram Hospital
Govt. of NCT of Delhi
Jahangirpur, Delhi-110033

Sanjay Kumar
09/03/2016
Counter Signed by the
Disabilities Chairman/DMS.(M)

Dr. SANJAY KUMAR
C.M.O. (NFSG)
D.M.C. No.-8503
Babu Jagjivan Ram Memorial Hospital
Govt. of NCT of Delhi
Jahangirpur, Delhi-110033

Sanjay Kumar

2817

Certificate No. 8490
ST/312

COMMUNITY & RESIDENCE CERTIFICATE

This is to certify that Sri/Smt/Kum. L. VINEETHA KRISHNA of
Son/Daughter of Sri. G. ANILADHARA NAIK of
Village/Town D.NO: 6/938 Azad Nagar Anantapur
District of the state of Andhra Pradesh belongs to INDIAN HINDU (Small) S.T
community which is recognised as ST under

The Constitution (Scheduled Castes) Order 1950

The Constitution (Scheduled Tribes) Order 1950 ✓

G.O.M.S. No. 1793 Education, Dated 25-9-1970 As amended from time to time (B.Cs.)
S.Cs., S.Ts, list (Modification) Order, 1956 S.Cs and S.Ts (Amendment) Act, 1976

It is certified that Sri/Smt/Kum. L. VINEETHA KRISHNA of
is a Residence of D.NO: 6/938 Azad Nagar of
ANANTAPUR Town / Mandal Anantapur District.

Encl :

Ration Card No.	
Voter Card No.	
Pan Card No.	
Bank A/C No.	
Cell No.	
T.C. No.	
Adm, No.	825
College/ School Name	NARAYANA CONCEPT School

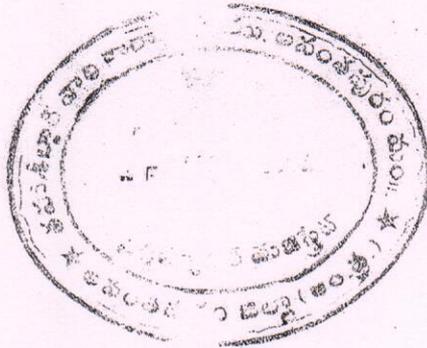
Declare that the information given by me
in the certificate is true and correct and that
if it is found to be untrue and un correctl will
be liable for prosecution for furnishing false
information under section 199 and 200 the
I.P.C,

Vineetha Krishna
Signature of the Applicant

[Signature]

PC No: 355
[Signature]

Revenue Inspector



Signature
[Signature]
Designation of Officer
TAHSILDAR
ANANTAPUR Mandal
(Dist)

MEDICAL CERTIFICATE IN RESPECT OF ORTHOPAEDICALLY HANDICAPPED CANDIDATE

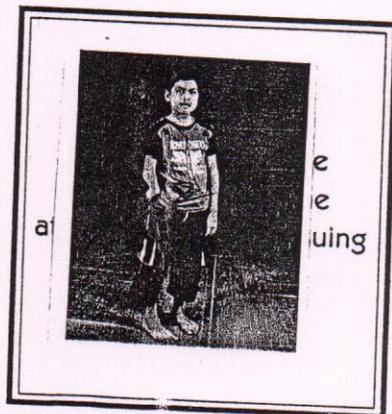
9

Issued under authority vide G.O.Ms. No. 109, Womens Development. Child Welfare and Labour Department, Date 15-6-1992.

For all the purpose of assistance the Orthopaedically Handicapped are those who have physical defect or deformity which cause an interference with the normal functioning of bones, muscles and joints.

Certified that the District Medical Board Anantapur have this day of 2001 have examined the candidate whose particulars are given below and that the he/she fall within the above definition.

1. Name of the Candidate : Vineth Krishna L.
2. Sex : Male
3. Approximate Age : 11 years.
4. Identification Marks :
5. Father's Name : L. Gangadhara Naik
6. Village / Town : Hindupur
7. Mandal : Hindupur



8. (a) Name of Disability
(Tick the relevant from following list)
 post-polio Paralysis, Hemiplegia, Quadri plegia
 Malunited fracture, Nerve paralysis
 Upper extremity, Lower Extremity Limb
 Painful Swelling, Deformity Congenital
 acquired above knee, below knee Hip
 Hemipelvectomy, Symes cheopodystria
 Fingers, Below elbow, Above elbow
 Fore quarter, Unilateral
- b) Extent of Disability :
 Estimated in percentage (Medical functional, (Patient's Assessment)
 Examination's Assessment) Economic basis
 mentioned in percentage (Specific Percentage)
 has to be mentioned.
- c) Use of Prosthesis :
 (Tick relevant from)
 Caliper, Crush, Abduction, Adduction
 Prosthesis, Bilateral, Unilateral, Bilateral
 elbow, below elbow, Hemipelvectomy
 shoulder articulation.
- d) Any Operation done or Indicated ;
- e) Photograph (Attached)
 To show the nature of disability and
 any appliance if used.
9. Any other particulars to clarify the nature
 and extent of disability that the candidate
 might like to point out.

Congenital deformity

(2) 12

NOT VALID FOR MEDICO-LEGAL PURPOSE

I. Atimaram
 M.S. (Orthopaedics)
 Regd No. 41639
 Govt. General Hospital
 ANANTAPUR.

SIGNATURE OF APPLICANT

L. Vinith Krishna

Signature of Orthopaedical Surgeon (with District Medical Board)

[Signature]

CHAIRMAN
 District Medical Board
 ANANTAPUR

24/6-17

DEPARTMENT OF PSYCHIATRY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029
Telephone : 26588500, 26588700



TO WHOM IT MAY CONCERN

This is to certify that Shri/Smt/Kum. SIDDHARTH SINGH, 15
year old male/female, son/daughter of Shri DEV RAJ SINGH Student of
class school IX, Bai Bhabhi Public School, Pitampura, New Delhi has been
examined by us (WC- 44- 52/ 2013). He/She has an I.Q. score in the range of
100-104 (average intellectual ability). He/She has Specific Learning Disability (Moderate) (Dyslexia)
in the area of READING, WRITING, SPELLING. He/She may be provided help as per rules
(HINDI + ENGLISH)

(Signature of the Members of
Certificate Board)

1. M. Mehta

2. R. Bhargava
Dr. RACHA
सहायक आयुक्त/Assistant
पैदायिक मनोविज्ञान/Clinical
प्राचीन मनोचिकित्सा/Pre-
स.प.स.स. 29 दिल्ली-29/A.I.I.M.S.



डॉ. एस.के. खंजेलवाल
Dr. S.K. KHANDELWAL
अध्यक्ष/Professor
मनोरोग विभाग/Department of Psychiatry
आनसारी, नई दिल्ली-29/A.I.I.M.S., New Delhi-29

(Signature of Medical Superintendent)

Date : 01/02/2013
Place : New Delhi

Self Attested



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES

(Hospital based autonomous academic Institute, under Government of National Capital Territory of Delhi, dealing with) "Brain - Mind Problems & their Solutions"

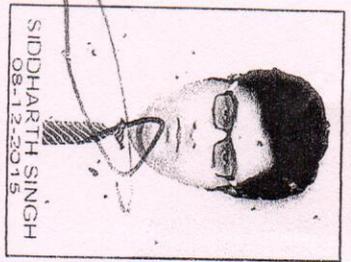
Dileshad Garden, Delhi 110 095 (India)

Tel.: 2211 2136 Fax: 2259 9227, E-mail: directorhbas@vsnl.net, website: ihbas.delhigovt.nic.in

FORM - IV

DISABILITY CERTIFICATE FOR SPECIFIC LEARNING DISORDER (SLD) ISSUED ONLY FOR ACADEMIC PURPOSE

(ISSUED BY SINGLE MEDICAL AUTHORITY)



Certificate No. SLD-10 Date 21/02/2016 This is to certify that I have carefully examined Shri / Smt
Kum. Siddharth Singh son / wife / daughter of Shri Devraj Singh Date of birth 08-12-2015
2010911997 Age 18 years Sex Male Registration No 2015-12-66297 permanent resident
of B/FH-9 Shalimar Bagh North West Delhi-110088

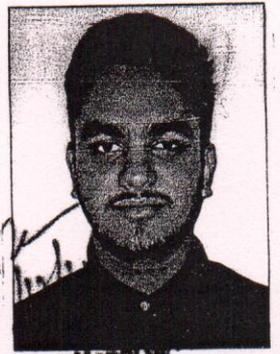
Disability. His whose photograph is affixed above, and am satisfied that he / she is case of Psycho Social against the relevant disability in the table below: -

Disability	Affected part of body	Diagnosis	Permanent / temporary Psycho Social disability (in % age)*
Psycho Social	X	Specific Learning Disability (Mixed Type)	Permanent / temporary Psycho Social disability (in % age)* Moderate Severity

* As of now, there are no methods or tests for quantifying degree of disability in cases of Dyslexia - scientifically agreed upon or administratively approved. In view of the above, it is stated that the clinical grading of Dyslexia as Moderate should be considered as satisfying the need of the degree of disability being over 40% as required by the PWD Act, 1995.

Signature: Sidd
Date: 21/2/2016

22/12/15



No IV
DISABILITY CERTIFICATE (SINGLE DISABILITY)

(In case Other than those mention in forms II & III)

See Rule 4

(NAME OF ADDRESS OF THE HEALTH INSTITUTION)

Civil Hospital Mandi Gobindgarh
District- Fatehgarh Sahib (Punjab)

Civil Hospital, Mandi Gobindgarh

No, SDHMGG/Disability/2015/20

Date: 09/12/2015

This is certified that we have carefully examined Vivek Bansal S/O Rajesh Bansal
Date of Birth 29/10/1997 Age 17 Years/M Registration NO SDHMGG/Disability/2015/34
Permanent R/O # 29, Sec 20/D, Mandi Gobindgarh, Teh Amloh Dist Fatehgarh Sahib
(Punjab) whose photograph is affixed above & am satisfied. That he is a case of Locomotor
Disability. his extent of percentage physical impairment/disability is as per Report from
Assistant Professor Department of Orthopedic GMC/RH Patiala below:-

RM/10322 dt 23.11.15

Sr No	Disability	Affected Part Of Body	Diagnosis	Physical Impairment Disability (In %)
1	Locomotors Disability	Right Hand	Post electric burn RT Hand Thumb, IF, MF, & RF stiffness, sensory loss & muscle weakness	48% (Forty Eight Percent) <i>Permanent</i>

- The above condition is not likely to improve.
- Reassessment of disability is:-
(i) Not necessary

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

Nature of Document	Date of Issue	Detail of Medical Authority issuing Certificate
Aadhar Card 744125311970	30/03/2012	O/O Senior Medical Officer I/C, Civil Hospital Mandi Gobindgarh (Punjab).

Self attested

Vivek

5/7/15

Vivek
Signature/thumb impression
of the Person whose favor
Disability certificate is issued

H. 9/12/15
Medical Officer
Civil Hospital
Mandi Gobindgarh

mbg
Senior Medical Officer I/C
Civil Hospital
Mandi Gobindgarh

F.No. B-17017/1/VRCD/Ref./Trq./

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extr

Karkardooma, Delhi-9

Ph.: 22372704, 2237823

2237823

Dated : 29/6/16

To Asstt Registrar Academic
D.T.U. / N.S.I.T. / I.I.I.T.D.
Delhi

Sir/Madam,

This is to certify that Shri/Miss/Mrs. VIVEK BANSAL
registered with this Centre as an orthopaedically handicapped/visually handicapped
hearing handicapped candidate vide Inake No. 254/04/2016

He/she has been found suitable for seeking admission in B.E/B.Tech - Computer Engg
I.T. / Software Engg / Electrical Engg

His/her application form may kindly be considered for admission. His/Her attested
photograph is also enclosed, herewith for identification.



VIVEK BANSAL

15.12.2015

DEPUTY DIRECTOR (EMP.)/HOO

GOVT. OF INDIA

Encl. : As above

MINISTRY OF LABOUR & EMPLOYMENT, D.G.E.&T.

Yours faithfully,

Assistant Director (Rehab)

DEPUTY DIRECTOR (EMP.)

21/6/17

F.No. B-17017/1/VRCD/Ref./Trq./

860

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

Self Attested
Uzair

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph.: 22372704, 22378234
22378235

Dated: 29/6/16

To Asstt Registrar Academic
D.T.U. (N.S.I.T.) I.I.T.D.
Delhi

Sir/Madam,

This is to certify that Shri/Miss/Mrs. UZAIR ALAM KHAN is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 262/04/2016

He/she has been found suitable for seeking admission in B.Tech in Mechanical Engg/ Computer Engg / I.T. / Software Engg.

His/her application form may kindly be considered for admission. His/Her attested photograph is also enclosed, herewith for indentification.



Yours faithfully,

[Signature]
29/6/16
Assistant Director (Rehab.)
GOVT OF INDIA
M/O LABOUR & EMPLOYMENT, DGE&T
VRC For it. Plot No.9,10,11, Karkardooma
Vikas Marg, Delhi-110092

Incl. application form
Application Form No. 11617396
Vikas Marg, Delhi-110092

7.5 Certificate for Differently Abled Person (PD)

To be issued by Medical Board from Government Hospital

Self Attest. of
U Khan
12/7/16

Name of the candidate: Mr./Ms. Uzair Alam Khan

Father's Name: Mansoor Alam Khan

Permanent Address: H. No. 4/1683-6
Muzammil Mangil Road
Road Atigash.



Chief

Percentage loss of earning capacity (in words):

40%

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: Yes, as per certificate issued by vocational center Delhi

Name of the disease causing handicap: PCN infection shock injury of R hand

Whether handicap is temporary or permanent: (High) muscle injury

Whether handicap is progressive or non-progressive: Permanent

The candidate is FIT / UNFIT to pursue the engineering studies.

(Strike out whichever is not applicable)

[Signature]
Member
(Orthopedic Specialist)

[Signature]
Member

[Signature]
Principal Medical Officer

Date: 11-07-2016

[Signature]
Chief Medical Officer
Seal of Office
Aligarh

NOTE:

1. The medical board must have one orthopedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.

2216-17

1838

F.No. B-17017/1/VRCD/Ref./Trq./

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph.: 22372704, 22378234
22378235

Dated: 27/6/16

To
The Chairman
HEIT/DTU/IGDTUW/IIITD,
Delhi.

Sir/Madam,

This is to certify that Shri/Miss/Mrs. DAIZY MEHTA is
registered with this Centre as an orthopedically handicapped/visually handicapped
hearing handicapped candidate vide Inake No. W19/04/16
He/she has been found suitable for seeking admission in B Tech in
Computer Science/Information Technology
His/her application form may kindly be considered for admission. His/Her attested
photograph is also enclosed, herewith for identification.

Yours faithfully



27/6/16

Assistant Director (Rehab)
Vocational Rehabilitation
For Handicapped,
Assistant Director (Rehab)
9, 10, 11, Karkardooma
Vikas Marg, Delhi - 110016
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2) Office

DEEN DAYAL UPADHYAY HOSPITAL
GOVT. OF NCT OF DELHI: NEW DELHI - 110064.

Dated: 30/6/07

No...232..

DR. SUMANT SINHA
Specialist
M.B.B.S. (Genl)
M.S. (Ortho)
DU Hospital, Hari Nagar, N.D.

DISABILITY CERTIFICATE

This is to certify that ~~Shri/Smt.~~ / Km DAIZY MEHTA
Aged..... 8 years, ~~S/o, D/o, W/o~~ Late Sh. Vilay.....
Mehta..... Resident of..... 461, Vikas Kunj, Vikas Puri, New Delhi-
110018..... whose specimen signature is given below is
suffering from Permanent physical disability of 75% in relation
to left upper limb due corgenital Malformation left hand.

His/her disability is..... Seventy five percent..... (in percentage).

This disability is permanent/~~temporary~~ in nature. It is
recommended/advised that he/she may be given benefits as per rule

~~The certificate is valid for 5 years~~
DU Hospital, Hari Nagar,
New Delhi-110064

(L) Thumb impression/Signature of patient

DR. SUMANT SINHA
Specialist
Member
M.S. (Ortho)
DU Hospital, Hari Nagar, N.D.

30/6/07
DR. USHA DHAWAN
Sr. Specialist, Orthopaedics
DU Hospital, Hari Nagar, N.D.
Member Goyal
Attested
Daizy Mehta

Udhawan 307
Medical Superintendent
Chairman
Dr. USHA DHAWAN
Additional Member of Super
DU Hospital, Hari Nagar, N.D.

2017

FORM - IV

DISABILITY CERTIFICATE

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

भारत सरकार / GOVERNMENT OF INDIA

डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

(See Rule 4)

13-9/16-RMLH(M.II) 290

Dt. 29/4/16



This is to certify that I have carefully examined Shri/Smt./Kum. ARADHYA SINGH NARUKA
 Son/Wife/Daughter of Shri RAJENDRA SINGH
 Date of Birth 04 01 2000 age 16 years, Male/Female MALE
 (DD) (MM) (YY)

Registration No. H-440 St. 31/3/16 Permanent resident of
 House No. C-166, FIRST FLOOR ward/Village/Street DAYANAND COLONY
 Post office LAJPAT NAGAR - IV District SOUTH DELHI
 State DELHI - 110024 whose photograph is affixed above, and am satisfied that:
 He/she is a case of HEAVY Disability. His/her extent of percentage
 physical impairment / disability has been evaluated as per guidelines
 No. F.No S.13020/1/2010-MS/MII-II. Directorate General of Health Service (Medical Hospital
 Section-II), Nirman Bhawan, New Delhi dated 18.06.2010 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 Impairment	Σ	<u>Total Deafness</u>	<u>100%</u>
5.	Mental Retardation	X		
6.	Mental Illness	X		

Please strike out the disabilities which are not applicable)

Aradhya Singh

F.No. B-17017/1/VRCD/Ref./Trg./ 898

Government of India

National Career Service Centre for Differently Abled (VRC)

Ministry of Labour and Employment, D.G.E

Plot no. 9-11, Vikas Marg Extn., Karkardooma, Delhi-110092

E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

To.

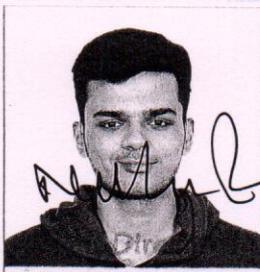
Dated: 19-06-2017

Joint Admission Committee,
Delhi Technological University
Main Bawana Road, Shahabad Daulatpur
New Delhi-110042

Sir/Madam,

This is to certify that Shri/ Miss/ Mrs. ARADHYA SINGH NARUKA is registered with this centre as an ~~orthopedically handicapped/visually handicapped/~~ Hearing handicapped candidate vide Intake no. 99/HH/2017. He/She has been found suitable for seeking admission in IT/ Software Engineering/ Computer Engineering/ Mech. Engineering.

His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



National Career Service
ARADHYA SINGH NARUKA
18-12-2016

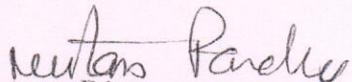
(Rehab.)
Differently Abled
Ministry (DGE)

DELHI-110092

Application Roll No. 11616484

Enclosed: As Above

Yours faithfully,


Assistant Director (Rehab.)

2/16-17

F.NO.:B-17017/1/VRCD/Ref./Trq./08 /662

GOVERNMENT OF INDIA

Vocational Rehabilitation Center For Handicapped

Ministry of Labour & Employment, D.G.E & T

9,10,&11,Vikas marg Extn, Karkardooma , Delhi-92

Ph.:22372704, 22378234

To

Dated. 13/7/16

The Chairman

B.E. Admission Committee

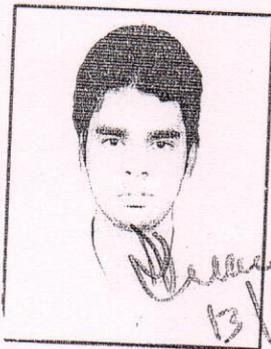
DTW/NSIT, Delhi

Sir/Madam,

This is to certify that Shri/Miss/Mrs Shadab Alam is registered with that center as an orthopaedically handicapped/visually handicapped/hearing handicapped candidate vide Intake. No. 228/HH/2015

He/She has been found suitable for seeking admission in Computer Engg./I.T./Software Engg./Mathematics & Computing/Electronics & Communication Engg./Electrical Engg./Electrical & Electronics Engg./Civil Engg.

His /her application form may kindly be considered for admission. His/her photograph is also enclosed, herewith for identification.



Yours faithfully

[Signature]

Assistant Director (Rehab)
DEPUTY DIRECTOR (EMP.)/HOO
GOVT. OF INDIA
M/O LABOUR & EMPLOYMENT, DGE&T
VRC For H. Plot No.9,10,11, Karkarduma
Vikas Marg, Delhi-110092

No./ Roll No.31306499

M/O LABOUR & EMPLOYMENT
VRC For H. Plot No.9,10,11, Karkarduma
Vikas Marg, Delhi-110092

Shadab Alam
5/7/2016

Self Attested.

02

05-11

Name
Father's/Husband Name
Date of Birth
Sex (Male/Female)
Present Address
Permanent Address



Educational of Qualification
Monthly Family Income
Cast
Occupation

SC/ST/OBC/GEN/Others
अनुसूचित जाति/अनुसूचित जाति/पिछड़ा वर्ग/
अन्य पिछड़ा वर्ग/सामान्य/अन्य

DISABILITY CERTIFICATE

विकलांगता प्रमाण-पत्र
Name: Shadab Alam
Address: Sl. No. Md. Shahabuddin, At - Bankagali, Panchogati Alkara, Gaya
Nature of Disability: Hearing Impairment
Disability Code: H I
Percentage of Disability: 64% (Sixty four percent)
विकलांगता का प्रतिशत: 64%
Identification Marks: 1. Scar behind right ear - P.H.

Signature of the Medical Officer with Seal
Shadab Alam
MEMBER
MEDICAL BOARD

Signature/Thumb impression of Person With Disability
विकलांगता व्यक्ति का हस्ताक्षर/अंगूठा का निशान

अधिकृत द्वारा प्रमाणित/सह-
Counter signed (Seal)
लिखित सचिव- अध्यक्ष कार्यालय (मुहर)
विकलांग बोर्ड, गया।

Shadab Alam
सहायक निदेशक, जिला सामाजिक सुरक्षा कोषांग, गया

DETAILS OF CONCESSIONS PROVIDED प्रदान की गई सुविधाओं का विवरण

Sl. No. क्रमांक	Date तिथि	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with Seal पदाधिकारी का हस्ताक्षर एवं मुहर

Shadab Alam
5/7/2016
Self Attested

2K16/ME/90
Mantavya Sehgal

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)

2015/006/0015395
Date of Registration: 28/10/2015
AIIMS, NEW DELHI
UHID No. 10/363438



Certificate No.

Date: 19/03/2016

This is to certify that I have carefully examined Shri/Smt./Kum. MANTAVYA SEHGAL son/ wife/daughter of Shri GAUTAM SEHGAL Date of Birth (DD / MM / YY) 12 / 11 / 1998 Age 17 years, Male/female M Registration No. P-1 permanent resident of House No. P-1 Ward/Village / Street SOUTH EXTENSION PART-2 Post NEW DELHI State DELHI Office ANDREWS GUNT District NEW DELHI

whose photograph is affixed above and am satisfied that he/she is a case of SLD (Dyslexia) 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:- Dyslexia is not interpreted in terms of percentage and is taken as >40% disability.

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#	X	
3	Blindness	Both Eyes	X	
4	Hearing impairment	£	X	
5	Mental retardation	X	X	
6	Mental-illness	X	X	

7. Specific Learning Disability/Dyslexia
(Please strike out the disabilities which are not applicable.)

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

3. Reassessment of disability is :

(i) not necessary,

Or

Certificate attached

December 30, 2015

R Bhargava

ASSISTANT PROFESSOR
PSYCHIATRY DEPARTMENT
A.I.I.M.S., NEW DELHI - 110029

C.S
26/3/16

Page 52 of 55

Self attested Mantavya Sehgal
Medical Superintendent
A.I.I.M.S. Hospital
New Delhi-110029

5th July 2016

2K16/SE/25
Deependra

21/11/07
21/11/07

Government of India
डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
Dr. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Certificate No. ~~13-9/2007-RMLH(MII)/174~~

Date 26/2/07

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum Deependra
Age 8 1/2 Years Son/wife/daughter of Shri D.K. Yadava
R/o D-22, Pusa Campus IARI, New Delhi-12

Registration No. 49949/07 dated 19.2.07 is a case of Osteogenesis

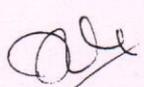
imperfecta with multiple healed fractures with bilateral protrosis-
acetabuli with short stature & inability to ambulate He/She is Physically
independently.

disabled/~~visual disabled/speech & hearing disabled~~ and has 40 % (Forty) Per cent permanent
(physical impairment/~~visual & hearing impairment~~) in relation to
his/herself whole body. (THIS IS NOT FOR COURT PURPOSE).

Note :-

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

* Strike out which is not applicable.


Dr. H. S. JAISARIA
(MEMBER)
Associate Professor Orthopaedics
Lady Hardinge Medical College
& Ass. Dr. RML Hospital


(MEMBER)
Dr. AJAY SHUKLA
Orthopaedic Surgeon
Dr. Ram Manohar Lohia Hospital
New Delhi

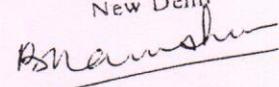

(CHAIRMAN)
Chairman Medical Board
(Orthopaedics)
Dr. R.M.L. Hospital &
Nursing Home
New Delhi

Signature/Thumb impression
Of the Patient.



Dr. H. S. JAISARIA
Associate Professor Orthopaedics
Lady Hardinge Medical College
& Ass. Dr. RML Hospital

*Self attested
Deependra
5/7/16*


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

डॉ० बीना नाथनाथ
Dr. BEENA NATHNATH
Medical Superintendent/CMO/
Head of Hospital

F.No. B-17(17/1/VRCD/Ref./Trq./

833

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph.: 22372704, 22378234
22378235

Dated : 27/6/16

TO THE CHAIRMAN
DTU/NSIT/IIITD
DELHI

Sir/Madam,

This is to certify that Shri/Miss/Mrs. DEEPENDRA is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 244/04/16. He/she has been found suitable for seeking admission in BTECH IN COMPUTER SCIENCE, ENGG, IT, SOFTWARE ENGG,

His/her application form may kindly be considered for admission. His/Her attested photograph is also enclosed, herewith for indentification.



*Self attested
Deep
5/7/16*

Yours faithfully,

Jainendra
Assistant Director (Rehabilitation)
Vocational Rehabilitation Centre
For Handicapped
Ministry of Labour & Employment
Assistant Director (Rehab.)
9, 10, 11, Karkardooma
Vikas Marg, Delhi - 110092

Encl. : AS above.

Application Form No./Roll No. 116/5888

2K16/CO/323
Sumit Kumar Sharma

Form -II
Disability Certificate

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

Satyawadi Raja Harishchandra Hospital
Govt. of NCT of Delhi, Narela, Delhi-40

1103

Certificate No. 749

Date : 12/2/13



Satyawadi Raja Harishchandra Hospital
Govt. of NCT of Delhi, Narela, Delhi-40

This is to certify that I/we have carefully examined

Shri/Smt./Kum. Sumit K. Sharma

Son /Wife/daughter of Shri Rajiv Sharma

Date of Birth 15/10/1999 Age 13 years, Male/Female male
(DD/MM/YY)

Registration No. 311522/19/12/22 permanent resident of House No. 1273

Ward/Village/Street Pranapur Post Office Narela

District NW State Delhi

Whose photograph is affixed above, and am/are satisfied that :

(A) he/she is a case of :

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is Congenital deformity (BL) for arms & @ Kw
stiffness & operated CTUV @

(C) He/She has 62% (in figure) (Sixty two) percent (in words)
permanent physical impairment/blindness in relation to his/her all four limbs (part of body)
as per guidelines (to be specified)

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

Nature of Document	Date of Issue	Details of authority Issuing Certificate
<u>Ration Card</u> <u>APR 542500/19</u>	<u>01/01/2005</u>	<u>Food & Supplies Deptt</u> <u>G. M. C. T. Narela</u>

Signature/Thumb Impression of the
Person in whose favour disability certificate is issued.
Sumit

12/2/13

R. C. Kumar
Dr. RUPENDRA KUMAR
Chairman Disability Board
Regn. No. 22455
Satyawadi Raja Harishchandra Hospital
(Signature and Seal of Authorised Signatory of-40
Notified Medical Authority)

self atted
Sumit Kumar Sharma 5-7-10



2817



F.No. B-17017/1/VRCD/Ref./Trg./1071
Government of India

National Career Service Centre for Differently Abled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

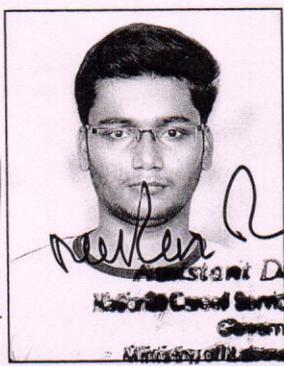
To,

Dated: 30-06-2017

Joint Admission Counselling, Delhi
Delhi Technological University
Main Bawana Road,
Shahabad Daulatpur,
New Delhi-110042

Sir/Madam,

This is to certify that Mr. Vivekanand is registered with this centre an orthopedically handicapped/ visually handicapped/ Hearing handicapped/ Visually Handicapped candidate vide Intake no. 178/OH/2017. He has been found suitable for seeking admission for the courses Electronics and Communication Engineering. His application form may kindly be considered for admission. His attested photograph is also enclosed, herewith for identification.



Nestor Pareja
Assistant Director (Rehab.)
National Career Service Centre for Differently Abled
Ministry of Labour and Employment (DGE)
Delhi-110 092

Yours faithfully,

Nestor Pareja

Assistant Director (Rehab.)
Assistant Director (Rehab.)
National Career Service Centre for Differently Abled
Government of India
Ministry of Labour and Employment (DGE)

Roll No.11642868

**OFFICE OF THE CHIEF MEDICAL OFFICER
SULTANPUR**

No. 98/100

Date 15/11/71

HANDICAP CERTIFICATE IN ACCORDENCE WITH THE G.O. NO. 7/4/1971
KARMIK /2 DATED MAY 20, 1978

We examined Sri/Smt./Km. विमल, 10/04
aged about 7 Year Son of/ Daughter of/ Wife of विमल, 10/04
resident of vill./Moh. बेघ मठ बददीरग
P/S. हलिवा घु Distt.-Sultanpur
Whose signature/L.T.I./R.T.I. is given below and certify that he/she is
a case of.....

PPRRRL
Limbic
4/8/71

We certify that he/she is permanently physically handicapped person
Signature of the candidate.

Sultanpur

Eye Specialist
(Member)



Signature

Orthopaedic Surgeon
(Member)

Signature

2017



F.No. B-17017/1/VRCD/Ref./Trg./ 1991
Government of India
National Career Service Centre for Differently Aabled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., Karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

To,

Dated: 23-06-2017

The Chairman/ NSIT/ DTU/ IIITD/IGDTUW, Delhi
B.E Admission committee (2017),
Delhi Technological University,
Shahbad Daulatpur, Main Bawana Road,
Delhi-110042.

Sir/Madam,

This is to certify that Shri/ Miss/ Mrs. SACHIN KUMAR KAMAT is registered with this centre as an orthopedically handicapped/visually handicapped/ Hearing handicapped candidate vide Intake no. 165/OH/2017. He/She has been found suitable for seeking admission in Computer Engineer/ Software Engg / IT. His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Yours faithfully,

[Handwritten Signature]



सत्यमेव जयते

OFFICE OF THE MEDICAL SUPERINTENDENT
PT. MADAN MOHAN MALAVIYA HOSPITAL
GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110 017

No.F.14/59/9179

/Pt.MMMH/544

Dated : 6/7/16

CERTIFICATE

FOR THE PERSONS WITH DISABILITIES

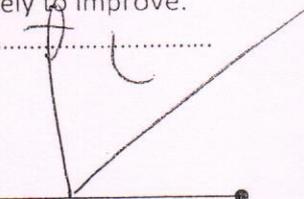
This is to certify that Shri/Smt/Ms. Sachin Kumar Kamat
S/o Mr D/o Suresh Kamat
aged 17 years Male/Female with a Registration No. 179749 is a case of
physical disability / ~~visual disability~~ / ~~speech & hearing disability~~ and has
58 % (Fifty Eight percent) permanent (physical impairment /
~~visual impairment~~ / ~~speech & hearing impairment~~) in relation to his / her

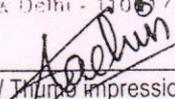
Both Feet

This condition is progressive / Non-progressive / Likely to improve / Not likely to improve.
Re-assessment is not recommended / is recommended after a period of 1 year

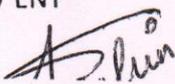

MEMBER
Disability Board
DR. MANISH SHARMA
Specialist and Head
Department of Orthopedics Surgery
Pt. Madan Mohan Malaviya Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi - 110017


MEMBER
Disability Board
DR. ANSHU GOEL
M.D. (Specialist Medicine)
(Reg. No. DMC 3489)
Govt. of NCT of Delhi
Pt. M.M.M. Hospital
Malviya Nagar, New Delhi-17


MEMBER
Disability Board
Dr. S. K. VARMA
M. S. (E.N.T.)
Consultant E.N.T.
Pt. M.M.M. Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi-110017


Signature / Thumb impression of Patient

Counter signature of Disability Board Chairman
Dr. S.K.Varma, Consultant / ENT
Date : 6/7/16



Dr. S. K. VARMA
M. S. (E.N.T.)
Consultant
Chairman
Pt. M. M. M.
Govt. of NCT
Malviya Nagar



M
11
3

2417

GOVT. OF NCT OF DELHI
LAL BHADUR SHASTRI HOSPITAL
KHICHRIPUR, DELHI-110091
FORM -VII

DISABILITY CERTIFICATE

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

Certificate No. 131

50/EYE/CBSH/2016

Date 16/12/2016



Amputation
DR. ANUPAMA SINGH
SPECIALIST OF OPHTHALMOLOGY
GOVT OF NCT OF DELHI
LBS. HOSPITAL
DMO BSG

This is to certify that I have carefully examined Shri/Smt./Km. RIJUL BIR SINGH Son/Wife/Daughter
of Shri TARLOCHAN SINGH Date of Birth 21/09/1999 Age 17 years
Male/Female (M) Registration No. 310035/06/08/2016 permanent resident of House No. C-18
Ward/Village/Street OLD GOBIND PURA Post Office KRISHNA NAGAR
District EAST State DELHI-51 whose photograph is affixed above, and am satisfied that:

- (A) he/she is case of:
 - locomotor disability
 - blindness
 (Please tick as applicable)
- (B) the diagnosis in his/her case is (B) Low Nystagmus & Night Blindness & High Myopia
- (C) He/She has 40 percent (in figure) forty percent (in words) permanent physical impairment/blindness in relation to his/her both eyes (part of body) as per guidelines (to be specified).

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

Nature of Documents	Date of Issue	Details of authority issuing certificate
<u>BANK PASS BOOK</u>	<u>25/01/2014</u>	<u>BANK OF BARODA</u>
<u>I/D. NO-078942596</u>		<u>DEFENCE ENCLAV VIKAS MARG DELHI</u>

R Singh

Amputation
DR. ANUPAMA SINGH
SPECIALIST OF OPHTHALMOLOGY
GOVT OF NCT OF DELHI
LBS. HOSPITAL
DMO BSG
(Signature and Seal of Authorised Signatory of notified Medical Authority)

F.No. B-17017/1/VRCD/Ref./Trq./

551

GOVERNMENT OF INDIA

**Vocational Rehabilitation Centre
for Handicapped**

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph.: 22372704, 22378234
22378235

Dated: 26/4/17

To *The Chairman*
B Tech Admission Committee
N.S.I.T/D.T.U/I.I.I.T Delhi
Khetagi Subhash Institute of Technology
Sector - 3, Dwarka, New Delhi - 78

Sir/Madam,

This is to certify that Shri/~~Miss~~/~~Mrs.~~ RIJUL BIR SINGH is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 47/VH/2017

He/she has been found suitable for seeking admission in B.Tech in Software Engg/
Electronics & Communication Engg/ I.T. / Engg Physics

His/her application form may kindly be considered for admission. His/Her attested photograph is also enclosed, herewith for indentification.



Yours faithfully,

Jaimencha Kumar

Assistant Director (Rehab.)
National Centre for Vocational Education for the Handicapped
Government of India
Ministry of Labour & Employment (DCE)
DELHI-110 002

Assistant Director (Rehab.)
National Centre for Vocational Education for the Handicapped
Government of India
Ministry of Labour & Employment (DCE)
DELHI-110 002

2171

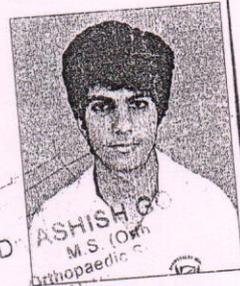


Government of National Capital Territory of Delhi
BHAGWAN MAHAVIR HOSPITAL
H-4/5, Pitampura, Delhi - 110034
FORM -II

DISABILITY CERTIFICATE
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(See Rule 4)

Certificate No. 437

Date 13-09-2013



This is to certify that I have carefully examined Shri/Smt./Km. MAHIN BINDRA Son/Wife/Daughter
of Shri Sandeep Bindra Date of Birth 26/06/1999 Age 14 years
Male/Female Male Registration No. 239286 permanent resident of House No.
G-3 Ward/Village/Street Ashok Vihar Ph-I Post Office _____
District _____ State Delhi whose photograph is affixed above, and am satisfied that:

- (A) he/she is case of:
 locomotor disability
 blindness
(Please tick as applicable)

(B) the diagnosis in his/her case is congenital Atropia hand (L) & R
(C) He/She has 65 % (in figure) sixty five percent (in words) permanent
physical impairment/blindness in relation to his/her Upper limb (part of body) as per
guidelines (to be specified).

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

Nature of Documents	Date of Issue	Details of authority issuing certificate
Copy of Aadhar Card of Mahin NO G18918726578	-	Unique Identification Authority of India, GOI
Copy of Ration Card of Sandeep Bindra (Father) NO APL53380399	27-07-2005	F.S.O. Circle No 53, FA (S Dept) ANCT Delhi

12/11

[Signature]



F.No. B-17017/1/VRCD/Ref./Trg./ 805

Government of India

National Career Service Centre for Differently Abled (VRC)

Ministry of Labour and Employment, D.G.E

Plot no. 9-11, Vikas Marg Extn., Karkardooma, Delhi-110092

E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

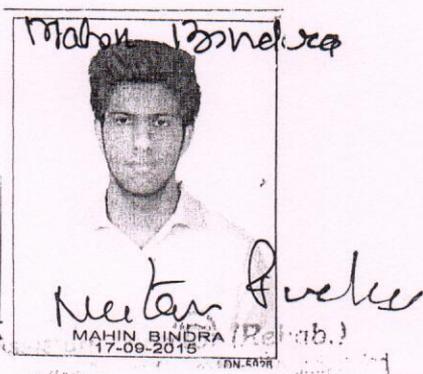
To.

Dated: 13-06-2017

Joint Admission Committee,
Delhi Technological University
Main Bawana Road,
Shahabad Daultapur,
New Delhi-110042

Sir/Madam.

This is to certify that Mr. Mahin Bindra is registered with this centre as an orthopedically handicapped candidate vide Intake no. 70/OH/2017. He has been found suitable for seeking admission in B.tech for the courses of Computer Science/ Information Technology/ Software Engineering. His application form may kindly be considered for admission. His attested photograph is also enclosed, herewith for identification.



W
Yours faithfully.

Government of India
Ministry of Labour & Employment (DGE)
DELHI-110 092

No.70020514

Nestor Pande
Assistant Director (Rehab.)

Mahin
- ATTESTED



2K17

(Form-II)

DISABILITY CERTIFICATE

(In case of Amputation or complete permanent paralysis of Limbs and in case of Blindness)

(See Rule-4)

OFFICE OF CIVIL SURGEON FARIDABAD



Certificate No.



Date 01/07/2017

This is to certify that we have carefully examined

Shri/Smt/Kum. Danish Anwar

Son/Wife/Daughter of Shri Khurshid Anwar Age 18yr 7mth Male / Female

Permanent Resident Salam Nagar Hanumangadhi Road Motihari
East + Champaran

District Champaran State Bihar whose photograph is affixed above, and are, satisfied that

(A) He / She is a Case of : (Please tick as applicable)

- Loco Motor Disability
- Blindness

(Please Tick as applicable)

(B) The Diagnosis in this case is PHOCOMELIA (Congenital absence of part distal to Left WRIST joint with non functional rudimentary digits)

(C) He / She has 66.66 % (in figure) Sixty six point six six percent (in words) permanent

Physical impairment / Blindness in relation to his / her Both Upper limbs

(part of body) as per guidelines (to be specified) Disability Assessment & certification 2001

Government of India
National Career Service Centre for Differently Aabled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

F. No. B-17017/11/VRC/Ref./Teg./787.

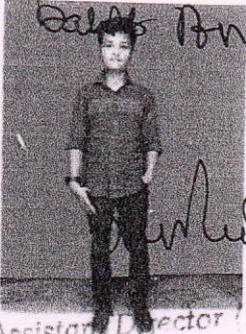
Dated: 12-06-2017

To.

Registrar/ Joint Admission Committee,
Delhi Technological University
Main Bawana Road
Shahabad Daulatpur
New Delhi-110042

Sir/Madam.

This is to certify that Mr. Danish Anwar is registered with this centre as an orthopedically handicapped candidate vides Intake no. 97/OH/2017. He has been found suitable for seeking admission in B.tech. His application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Danish Anwar

[Signature]

Yours faithfully,

Assistant Director (Rehab.)
National Career Service Centre for Differently Aabled
Ministry of Labour and Employment (DGE)
DELHI-110 092

[Signature]

Assistant Director (Rehab.)

Registration No.11006568

Danish

2017



OFFICE OF THE MEDICAL SUPERINTENDENT
DEEN DAYAL UPADHYAY HOSPITAL
GOVT. OF N.C.T. OF DELHI
HARI NAGAR, NEW DELHI - 110064
(011-25494401 - 08)
Medical Board



No F. 111/DDU/MB/2014/ 4953

Dated:
22/2/14

DISABILITY CERTIFICATE

This is to certify that Sameep Yadav Aged 14years, Sex Male S/o Sh. Jitendra Yadav Resident of D-7, Vidhutt Apartment Plot No-2, Sec-12, Dwarka, New Delhi. Whose specimen signature is given below is a Case of Post RTA, Left Hemiparesis, 50% (Fifty Percent) Disability. Permanent in Nature.

This disability is Permanent in nature. It is recommended/advised that he/she may be given benefits as per rule.

(U) Thumb impression / Signature of patients

Attested
Sameep Yadav

Specialist / Medical Officer
Member

Specialist / Dr. ANIL MITTAL
M.D. (P.S.), F.I.C.D.
Department of Psychiatry
D.D.U. HOSPITAL, New Delhi

Medical Superintendent
110064 Suptd.
Deen Dayal Upadhyay Hospital
Govt. of NCT of Delhi,
Hari Nagar, New Delhi-110064

Self attested
Sameep Yadav

Chairman of Medical Board
22/2/14
235



F.No. B-17017/1/VRCD/Ref./Trg./1070

Government of India

National Career Service Centre for Differently Abled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., Karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

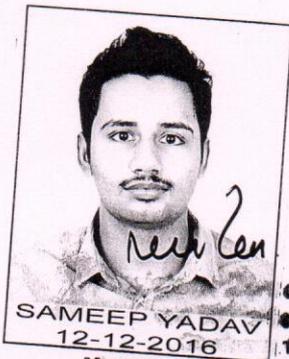
Dated: 30-06-2017

To,

Joint Admission Counselling, Delhi
Delhi Technological University
Main Bawana Road,
Shahabad Daulatpur,
New Delhi-110042

Sir/Madam,

This is to certify that Mr. Sameep Yadav is registered with this centre as an orthopedically handicapped/ visually handicapped/ Hearing handicapped/ Visually Handicapped candidate vide Intake no. 71/OH/2017. He has been found suitable for seeking admission in **B.Tech** for the courses Mathematics and Computing. His application form may kindly be considered for admission. His attested photograph is also enclosed, herewith for identification.



Director (Rehab.)
Centre for Differently Abled
Government of India
Ministry of Labour & Employment (DGE)
DELHI-110 092

Yours faithfully,

Roll No. 11633065

Neelam Pande
Assistant Director (Rehab.)
Assistant Director (Rehab.)
National Career Service Centre for Differently Abled
Government of India



Government of India

Form-IV

Disability Certificate for Locomotor Disability
Medical Superintendent, VMMC & Safdarjung Hospital,
New Delhi - 110029
(See Rule 4)



2K17
श्री. श्वेता जैन / Dr. Shweta Jain
सहायक आचार्य / Assistant Professor
संख्या एमसीआई / Reg. No. MCI
Date: 18.09.15

Certificate No. 648282

This is to certify that I have carefully examined Shri. DEEPESH KUMAR SHARMA Son
of Shri ASHOK KUMAR SHARMA Date of Birth 06.12.2000 Age 15 years
Male Registration No. 648282 Permanent resident of House No. 9/5

Ward/Village/Street Ramesh Nagar, West Delhi Post Office
District _____ State _____ Delhi-110015 whose

photograph is affixed above, and am satisfied that He is a Case of Disability. His extent of permanent physical impairment / disability has been evaluated as per guidelines* and shown in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Disability (in%)
1.	Locomotor Disability	Both arms & Legs	Achondroplasia	Fifty Two Percent (52%)

2. The above condition is progressive not likely to improve.

3. Reassessment of disability is

(1) Is recommended after 10 year X months, and therefore this certificate shall be valid till 17/09/2025
(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
AADHAR CARD 4136 8762 4689	-	Government of India

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

श्वेता जैन / Dr. Shweta Jain
18/9/15
सहायक आचार्य / Assistant Professor, (PMR)
संख्या एमसीआई / Reg. No. MCI 19991
सफदरजुंग अस्पताल, नई दिल्ली
VMMC & Safdarjung Hospital, New Delhi

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

*Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December 1996 & DL33004/99 (Extraordinary) Part II, Sec. 1, dated June 13, 2001.

Deemed to be University
Main Bawana Road,
Shahabad Daultapur,
New Delhi-110042

Sir/Madam,

This is to certify that Mr. Deepesh Kumar Sharma is registered with this centre an orthopedically handicapped/ visually handicapped/ Hearing handicapped/ Visually Handicapped candidate vide Intake no 213/OH/2017. He has been found suitable for seeking admission for the courses Computer Science/ Information Technology/Software Engineering. His application form may kindly be considered for admission. His attested photograph is also enclosed, herewith for identification.



Ministry of Labour & Employment (DGE)
DELHI-110 002

(Rehab.)
Secretary Aides

Yours faithfully,

Roll No. 11632110

Sanjay Pareek
Assistant Director (Rehab.)

GOVERNMENT OF RAJASTHAN
MEDICAL & HEALTH DEPARTMENT
MEDICAL BOARD'S CERTIFICATE ON PERMANENT DISABILITY

Specified in section 2 (b) (e) (i) (n) (o) (q) (r) (t) and (u) of the persons with Disabilities Act. 95, C.H.H of the persons with disabilities Rules 1996. Notification of the Govt. of India in the Ministry of Welfare No. 4-2/83-HW III date VI August 1986 and circular No. P-16/5/MH2/98 dated 30/6/ 2000 Medical & Health Department, Government of Rajasthan.

Certificate No. 250 /200

Date. 20/7/17

Name of Hospital : **GOVT. HOSPITAL, SRI GANGANAGAR**

This is certify that Shri/Shrinmati/Krn. Radhika

Age 17 Whose particulars are furnished below is

bonafide "Person with Disability" **ORTHOPAEDICALLY /**

VISUALLY / HEARING IMPAIRMENT / MENTALLY / LEPROSY

CURED PERSON.



PARTICULARS OF THE DISABLED PERSON

FATHER/HUSBAND'S NAME Mr. Jai Singh, Barwa

GENDER Female

ADDRESS Ward No. 15, S.G.H.

IDENTIFICATION MARK Left Hand on Cheek

HISTORY OF ILLNESS/TRAUMA WITH DURATION see examination sheet

AGGREGATE PERCENTAGE OF THE PERMANENT DISABILITY More than 50%

(Sister) of a sick

Signature/Thumb Impression
of the Disabled Person

Radhika

Radhika
20/7/17

CHAIRMAN

MEMBER

MEMBER

Note : aforesaid person with disability is eligible to apply for facilities, concessions and benefit admissible under schemes of the Govt./Non. Govt. organization subject to such condition as the Central or the State Government may impose.

NAME - Ms. Radhika Batra (2K17/Ph.D/AC)

CERTIFICATE FOR PHYSICALLY DISABLED
To be issued by Medical Board from Government Hospital

Name of the candidate: Mr./Ms. Ashi Rebecca Campbell

Father's Name: Daniel Campbell

Permanent Address: 203 A2 Railway Colony Basant lane New Delhi - 110055



17
3.3
N. Rly. Co

Percentage loss of earning capacity (in words):
90% (Ninety Percentage)

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: YES with use of Left hand only

Name of the disease causing handicap: Right Pan brachial Plexus Injury

Whether handicap is temporary or permanent: Permanent

Whether handicap is progressive or non-progressive: Non-Progressive

The candidate is FIT / ~~UNFIT~~ to pursue the engineering studies. FIT for a course where use of only One Upperlimb (Left) is used.

Strike out whichever is not applicable

Avaish
17/7/14
अपर मुख्य स्वास्थ्य निदेशक
Addl. Chief Health Director
C.S.S. Central Hospital, New Delhi

[Signature]
17/7/14
अपर मुख्य स्वास्थ्य निदेशक
Addl. Chief Health Director
C.S.S. Central Hospital, New Delhi

[Signature]
Principal Medical Officer
C.S.S. Central Hospital
N. Rly. New Delhi

Date: 17.7.14

Seal of Office

NOTE:

- 1. The medical board must have one orthopaedic specialist as its member.
- 2. Candidate having temporary or progressive handicap will not be considered against these seats.

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Mr./Ms.* Ravinder Kumar
son/daughter of Shri Raj Kumar whose
signature is given below. Based on the examination, I certify that he/she is in good mental and
physical health and is free from any physical defects which may interfere with his/her studies
including the active outdoor duties required of a professional.

Marks of Identification Scar mark left eye brow

Signature of the Candidate Ravinder

Place: Delhi

Date: 22-7-2014

Name & signature of the Medical Officer
with seal and registration number

Ravinder
22/7/2014
DR. H. R. GUPTA

M.B.B.S., M.R.S.H., P.C.M.S.-I (Ex)

Regn. No. 11920 (Del)

* Strike whichever is not applicable.

JAC Final Brochure (04-July-2014)

Ravinder

21677

GOVT. OF NCT OF DELHI
DR. BABA SAHEB AMBEDKAR HOSPITAL
SECTOR-06, ROHINI, DELHI-85
FORM -II

DISABILITY CERTIFICATE

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

185

Certificate No.

Date



Dr. VEVEK
D.T.C. M.E.
M.D. (Medicine)
Dr. B.S.A. HOSP
Govt. of NCT
TRAINED
(Deptt. of Rheu)

This is to certify that I have carefully examined Shri/Smt./Km. Abhishek Gupta Son/Daughter
of Shri Sanjay Gupta Date of Birth 1/1/13 Age 13 years
Male/Female Male Registration No. 550576 permanent resident of House No.
B-5/4 Ward/Village/Street Sec-7 Post Office _____
District Rohini State Delhi whose photograph is affixed above, and am satisfied that:

(A) he/she is case of:

- locomotor disability
 - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is rt sided Hemiparesis

(C) He/She has 50 % (in figure) 50% percent (in words) permanent
physical impairment/blindness in relation to his/her 2 (part of body) as per
guidelines (to be specified).

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

Nature of Documents	Date of Issue	Details of authority issuing certificate
<u>Ration Card</u>		
<u>APL 20370846</u>	<u>17.08.05</u>	<u>A & S</u>

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

Abhishek

Abhishek

Dr. VEVEK RANA
D.T.C. M.E. (Medicine)
Medical Specialist
Dr. B.S.A. Hospital, Rohini
Govt. of NCT of Delhi
(Signature and Seal of the Designated
(Deptt. of Rheumatology)

Arayan
212112
Dr. AMARESHWAR NARAYAN
M.B.B.S.
Superintendent (SAG)
Dr. B.S.A. Hospital, Govt. of Delhi

F.No. B-17017/1/VRCD/Ref./Trq./ 843

GOVERNMENT OF INDIA

**Vocational Rehabilitation Centre
for Handicapped**

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph.: 22372704, 22378234
22378235

Dated: 28/6/16

To
The chairman
DTU/NSIT/IIITD
Delhi

Sir/Madam,

This is to certify that Shri/Miss/Mrs. Abhishek Gupta is
registered with this Centre as an orthopaedically handicapped/visually handicapped
hearing handicapped candidate vide Inake No. 185/04/16
He/she has been found suitable for seeking admission in Comp Engg / Informal
Technology/ECE

His/her application form may kindly be considered for admission. His/Her attested
photograph is also enclosed, herewith for identification.



Assist
Voca
Min
9-10-11, Karkardooma

Yours faithfully,

Tainendra Kumar

Assistant Director (Rehab.)
Assistant Director (Rehabilitation)
Vocational Rehabilitation Centre

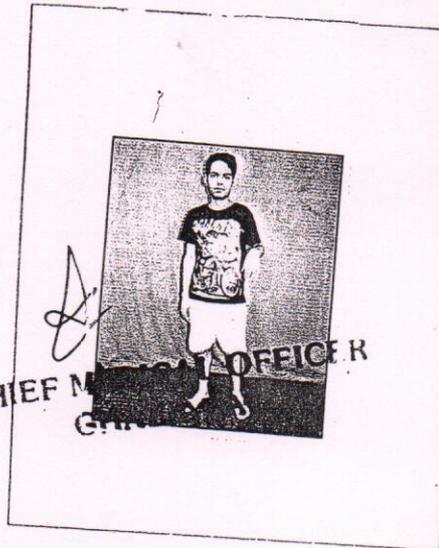
217

OFFICE OF THE CHIEF MEDICAL OFFICER GHAZIABAD

NO. M-1/H-017/677

Dated. 06/07/2017

HANDICAPE CERTIFICATE IN ACCORDANCE WITH G.O.NO.7/42071 KARMIK-2 DATED MAY 20-1978



We examined Sri/Smt. Km. Sandeep Kumar
 Age About 20
 Spouse/D/o/W/o with of Sri Ram Sunder
 Resident of H-14 Rajeev Vihar Kheda Colony GZB
 District Ghaziabad.

Whose signature/LRTI is given below certificate that He/She is a case of
Left side Hemiparesis

The Percentage of disability is about 50 percentage.
 We certified that He/She is permanently physically handicapped person.

JOINT SURGEON वरिष्ठ परामर्श दाता (हडडी रोग) (MEMBER) जिला रोयल मेडिकल कालोनी गा0बाद रजि0 नं0 9010	PHYSICIAN डा0 ए0 के0 विश्वकर्मा (MEMBER) परामर्श दाता (मानसिक रोग) एम0 एम0 जी0 हास्पिटल गा0बाद रजि0 नं0 48282	EYE SURGEON (MEMBER)	E.N.T SURGEON (MEMBER)

Sandeep
 Sig./LTI/RTI of the candidate

CHIEF MEDICAL OFFICER
 GHAZIABAD

Sandeep



F.No. B-17017/1/VRCD/Ref./Trg./ 1108

Government of India

National Career Service Centre for Differently Abled (VRC)

Ministry of Labour and Employment, D.G.E

Plot no. 9-11, Vikas Marg Extn., karkardooma, Delhi-110092

E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

Dated: 03-07-2017

To,

Joint Admission Counselling, Delhi
Delhi Technological University
Main Bawana Road,
Shahabad Daulatpur,
New Delhi-110042

Sir/Madam,

This is to certify that Mr. Sandeep Kumar is registered with this centre an orthopedically handicapped/ visually handicapped/ Hearing handicapped/ Visually Handicapped candidate vide Intake no. 216/OH/2017. He has been found suitable for seeking admission in **B.tech** for the courses in Software Engineering. His application form may kindly be considered for admission. His attested photograph is also enclosed, herewith for identification.



A. Jaisankar
03/07/17

Assistant Director (Rehab.)
National Career Service Centre for Differently Abled
Government of India
Ministry of Labour & Employment (DGE)
DELHI-110 092

Yours faithfully,

Jainendra Kumar

Roll No. 11628985

Assistant Director (

F.No. B-17017/1/VRCD/Ref./Trg./ 10 y y

Government of India
National Career Service Centre for Differently Abled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., Karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

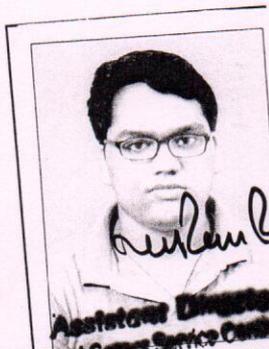
Dated: 27-06-2017

To,

The Chairman/ NSIT/ DTU/ IIITD/IGDTUW, Delhi
B.E Admission committee (2017),
Delhi Technological University,
Shahbad Daultpur, Main Bawana Road,
Delhi-110042.

Sir/Madam,

This is to certify that Shri/ Miss/ Mrs. ROHAN GUPTA is registered with this centre as an orthopedically handicapped/visually handicapped/ Hearing handicapped candidate vide Intake no. 188/VH/2017. He/She has been found suitable for seeking admission in Computer Science/ IT. / Software Engg/ Mathematics & Computing Engg. His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Rohan Gupta
Assistant Director (Rehab.)
Nationally Differently Abled
National Career Service Centre
Ministry of Labour and Employment (DGE)
DELHI-110 092
Roll No. 19906296

Yours faithfully,

Nutan Pandey
Assistant Director (Rehab.)

(Form-iv)

DISABILITY CERTIFICATE

(in case other than mentioned in Forms II and III) (See Rule-4)

OFFICE OF THE CHIEF MEDICAL OFFICER DISTRICT-MAU, UTTAR PRADESH

आयुक्त विकलांग-जन उत्तर प्रदेश के पत्र संख्या 1733-34/विधि/511/2014/आवि0ज0/13-14/लखनऊ 03.01.2014 एवं
महानिदेशक चिकित्सा एवं स्वास्थ्य सेवायें उ0प्र0 लखनऊ के पत्र संख्या-11 फ/2013/898 दिनांक-06.03.2014 में स्वीकृत
विकलांगता प्रमाण-पत्र फारमेट के अनुसार।
(NOT FOR MEDICAL/LLEGAL PURPOSE)

Certificate No. C.M.O./MAU/D-1/ 000141

Date: 23 MAY 2017



This is to certify that I have carefully examined

Shri/Smt./Kum. ROHAN GUPTA

Son/Wife/daughter of Shri NANDKISHOR GUPTA

Date of Birth 05/02/1998 Age 19 years, male/female male

Registration No. Permanent resident of Hous No. 105 RATANPUR

Ward/Village RATANPURA Street

Post office. RATANPURA, MAU

District-Mau (U.P.) Where photograph is affixed above, and am satisfied that he/she is a case of Lattice Degeneration & high Myopia disability H.S.V.

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:-

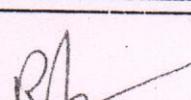
S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in%)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes	<u>Wk 6/60</u>	<u>Forty</u>
4.	Hearing Impairment	£	<u>Wk 6/18</u>	<u>40%</u>
5.	Mental retardation	X		
6.	Mental illness	X		

(Please strike out the disabilities which are not applicable)

- This condition is progressive/non-progressive/likely to improve/not likely to improve.
- Reassessment of disability is :
(i) not necessary, or (ii) is recommended/after years months, and therefore this certificate shall be valid till (DD / MM / YYY)
@ e.g. Left/Right both arms/legs, # e.g. Single eye/both eyes, £ e.g. Left/Right/both ears
- The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Aadhar Card</u>		<u>333057327472</u>

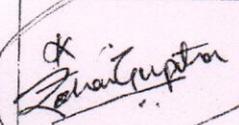




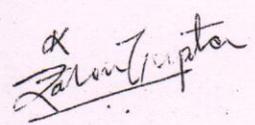
Name and Seal of Member
Distt. Hospital-Mau
Reg. No.-29616 (U.P.)

Name and seal of Member
M.B.B.S. D.O., E.N.T. Surgeon
Distt. Hospital-Mau
Reg. No.-42392, U.P.

Name and seal of the Chairperson
DR. RAJESH KUMAR MISHRA
CHIEF MEDICAL OFFICER
DISTRICT - MAU
Reg. No. 29873 (U.P.)




Sr. Eye Surgeon of the Distt. Hospital-Mau whose favour disability certificate is issued.



23 MAY 2017



2197

नाक कान गला विभाग एवं हेड नेक सर्जरी
DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-29 / ANSARI NAGAR, NEW DELHI-29

DISABILITY CERTIFICATE

UHD No. 20130299695	RUAS No. 1136/13	CI Clinic No. _____	Reg. No. 2013/09/0018629
Audiogram No. 1364	Date 29.6.17	RESULT I/L Severe SNHL.	
BERA No. 659/13	Date 31.5.13	RESULT B/L NO Signif. Cant. wave at 90dB HL	

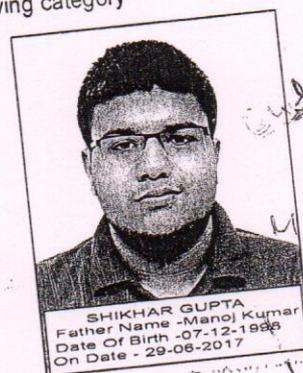
दिनांक / Date 04/7/17

प्रमाण पत्र सं./Certificate No. 133

1) प्रमाणित किया जाता है कि श्री/श्रीमती/कु./This is certify that Shri/Smt./Kum SHIKHAR GUPTA आयु./ Age 18 yr
सुपुत्र/पत्नी/पुत्री श्री/ Son/Wife/Daughter of Shri MANOJ KUMAR

लिंग/Sex M पहचान का निशान/Identification mark (s) _____
निम्न श्रेणी की स्थायी विकलांगता से पीड़ित हैं। Is Suffering from permanent disability of following category

- A. LOCOMOTORS OF CEREBRAL PALSY**
 (i) BL - Both legs attached but not arms
 (ii) BA - Both arms affected
 (a) Impaired reach (b) Weakness of grip
 (iii) BLA - Both legs and both arms affected
 (iv) OL - One leg affected (right or left)
 (a) Impaired reach (b) Weakness of grip (c) Ataxic
 (v) BH - Stiff Back and hip (can not sit or stoop)
 (vi) MW - Muscular weakness and limited physical endurance
- B. BLINDNESS OR LOW VISION**
 (i) B - Blind (ii) PB - Partially Blind
- C. HEARING IMPAIRMENT**
 (i) D - Deaf (ii) PD - Partially Deaf
 (Delete the category whichever is not applicable)



ARJUN KUMAR
Asst. Professor
Dept. of Otorhinolaryngology & Head-Neck Surgery
All India Institute of Medical Sciences, New Delhi

2) This condition is progressive / non progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of 05 years / months.

3) Percentage of disability in his / her case is 86% percent.

4) SH. / Smt. / Kum. SHIKHAR GUPTA meets the following physical requirements for discharge of his / her duties.

- (i) F - can perform work by manipulating with figures
- (ii) PF - can perform work by pulling and pushing
- (iii) L - can perform work by lifting
- (iv) KC - can perform work by kneeling and crouching
- (v) B - can perform work by bending
- (vi) S - can perform work by setting
- (vii) ST - can perform work by standing
- (viii) W - can perform work by walking
- (ix) SE - can perform work by setting
- (x) H - can perform work by hearing / speaking
- (xi) RW - can perform work by reading and writing

- Yes / No



2013029969
This certificate is valid if checked against aims.edu

Manoj Kumar
(श्रवण विशेषज्ञ / Audiologist)
Name MANOJ BHARTIYA
अखिल भारतीय आयुर्विज्ञान संस्थान
Audiologist & Speech-Language Pathologist
नाक, कान, गला एवं सिर एवं गला विभाग
Dept. of Otorhinolaryngology & Head-Neck Surgery
अ.भ.आ.सं., नई दिल्ली/AIIMS, New Delhi-110029

(वरिष्ठ रेजिडेंट / Senior Resident)
Name _____
Registration No. _____

(सहायक आचार्य/संकाय / Asst. Pro)
अ. नाम _____
Registration No. 2013029969

अ. नाम _____
अ.भ.आ.सं., नई दिल्ली/AIIMS, New Delhi-110029

विकलांग व्यक्ति के हस्ताक्षर / अंगूठे के निशान
Signature / Thumb impression of disabled person

प्रतिहस्ताक्षरित / Cou
चिकित्सा अधीक्षक/मु.वि.अ./ Medical Superint
अस्पताल के प्रमुख (सील सहित) / Head of Hos

* जो लागू न हो उसे काट दें/ Strike out which is not applicable.

9/13



F.No. B-17017/1/VRCD/Ref./Trg./ 845

Government of India

National Career Service Centre for Differently Abled (VRC)

Ministry of Labour and Employment, D.G.E

Plot no. 9-11, Vikas Marg Extn., karkardooma, Delhi-110092

E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

Dated: 15-06-2017

Joint Admission Counselling, Delhi
Delhi Technological University
Main Bawana Road,
Shahabad Daulatpur,
New Delhi-110042

dam,

ertify that Mr. **Shikhar Gupta** is registered with this centre as a Hearing handicapped
ide Intake no. **114/HH/2017**. He has been found suitable for seeking admission in
r the courses **Civil Engineering/ Mechanical Engineering / Electronics &
ation Engineering / Electrical & Electronics Engineering**. His application form
be considered for admission. His attested photograph is also enclosed, herewith for
on.

Yours faithfully,

Jeevendra Kumar

for Assistant Director (Rehab.)



Psychologist
National Career Service Centre for Differently Abled
Government of India
Ministry of Labour & Employment (DGE)
DELHI-110092

508984



F.No. B-17017/1/VRCD/Ref./Trg./ 992

Government of India
National Career Service Centre for Differently Abled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., Karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

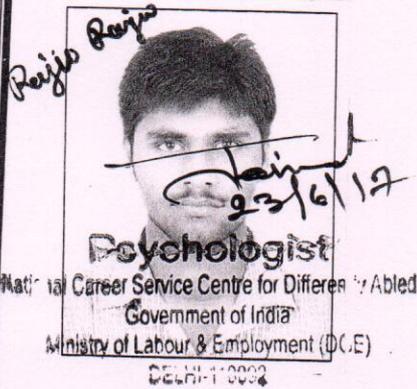
To,

Dated: 23-06-2017

The Chairman/ NSIT/ DTU/ IITD/IGDTUW, Delhi
B.E Admission committee (2017),
Delhi Technological University,
Shahbad Daultapur, Main Bawana Road,
Delhi-110042.

Sir/Madam,

This is to certify that Shri/ Miss/ Mrs. RAJIV RANJAN is registered with this centre as an orthopedically handicapped/visually handicapped/ Hearing handicapped candidate vide Intake no. 167/HH/2017. He/She has been found suitable for seeking admission in Computer Engineer/ Software Engg / IT. His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Roll No. 11613929

Yours faithfully,

for Assistant Director (Rehab.)
Assistant Director (Rehab.)
National Career Service Centre for Differently Abled
Government of India
Ministry of Labour & Employment (DGE)

7.3 Certificate for Differently Abled Person (PD)

To be issued by Medical Board from Government Hospital

Name of the candidate: Mr./Ms. RAJIV RANJAN
Father's Name: HARENDRA KISHORE SHARMA



Permanent Address: C-72, 3RD FLOOR, GANESH NAGAR, PANDAV NAGAR COMPLEX, EAST DELHI - 110029

Percentage loss of earning capacity (in words):

Sixty (60%)

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: YES

Name of the disease causing handicap: Sensorineural hearing loss

Whether handicap is temporary or permanent: Permanent

Whether handicap is progressive or non-progressive: Non progressive.

The candidate is FIT / ~~UNFIT~~ to pursue the engineering studies.

(*Strike out whichever is not applicable)

Sanjeev Gambhir
Member
SANJEEV GAMBHIR
(Orthopedic Specialist) Spl. Gr. I
M.S. (Orthopaedics)
LBS Hospital, GNCT of Delhi
Khichripur, Delhi-110091

Nitin Anand
Member
Dr. NITIN ANAND
MS (ENT)
Specialist (ENT)
DMC Regd. -23596
LBS Hospital, Govt. of NCT of Delhi
Khichripur, Delhi-91

Dr. Amita Saxena
Dr. Amita Saxena, MD (Obs & Gynae.)
Principal Medical Intendant
LAL BAHADUR SHASTRI HOSPITAL
Govt. of NCT of Delhi
Khichripur - Delhi- 110091

Date: 22/6/17

Seal of Office

NOTE:

1. The medical board must have one orthopedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.

GOVT. OF NCT OF DELHI
LAL BAHADUR SHASTRI HOSPITAL
KHICHRIPUR, DELHI-110091
FORM -VIII
DISABILITY CERTIFICATE
(In cases of multiple disabilities)
(See Rule 4)

Date 21-6-2017

Certificate No. 236/ENT/CRSH/2017

This is to certify that we have carefully examined Shri/Smt./Km RAJIV RANJAN
Son/Wife/Daughter of Shri HARENDRA KISHORE SHARMA Date of Birth 31/03/2000
Age 17 years Male/Female MALE Registration No. 237992/16/06/2017
permanent resident of House No. C-72 Ward/Village/Street 3RD. FLOOR GANESH
Post Office NAGAR District EAST State DELHI



(Signature)

RAJIV RANJAN
MS (ENT)
Specialist (ENT)
DNO, Dept. of ENT,
LBS Hospital, Khichripur,
Delhi-110091

whose photograph is affixed above, and am satisfied that:
(A) He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/disability (in %)
1.	Locomotor disability	@		
2.	Low Vision	#		
3.	Blindness	Both Eyes	Severely reduced hearing 1982	60%
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental illness	X		

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows: In figures: 60% percent, in words: Sixty percent

2. This condition is ~~progressive~~ non-progressive / non-progressive / likely to improve / not likely to improve.
3. Reassessment of disability is: (i) not necessary, OR (ii) is recommended/after 5 years _____ months, and therefore this certificate shall be valid till DD 1 / MM 1 / 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: _____



2/17

F.No. B-17017/1/VRCD/Ref./Trg./
Government of India

National Career Service Centre for Differently Abled (VRC)
Ministry of Labour and Employment, D.G.E
Plot no. 9-11, Vikas Marg Extn., karkardooma, Delhi-110092
E-mail: vrcdelhi92@gmail.com, Phone no. 011-22372704

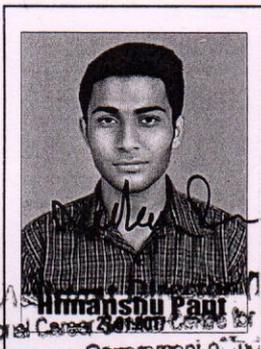
Dated: 27-06-2017

To,

The Chairman/ NSIT/ DTU/ IIITD/IGDTUW, Delhi
B.E Admission committee (2017),
Delhi Technological University,
Shahbad Daulatpur, Main Bawana Road,
Delhi-110042.

Sir/Madam,

This is to certify that Shri/ Miss/ Mrs. HIMANSHU PANT is registered with this centre as an orthopedically handicapped/visually handicapped/ Hearing handicapped candidate vide Intake no. 181/OH/2017. He/She has been found suitable for seeking admission in Computer Science/ E.C.E. / Software Engg/ EEE. His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Himanshu Pant
Himanshu Pant (Rehab.)
National Career Service Centre for Differently Abled
Government of India
Ministry of Labour & Employment (DGE)
DELHI-110 092
Roll No. 11635155

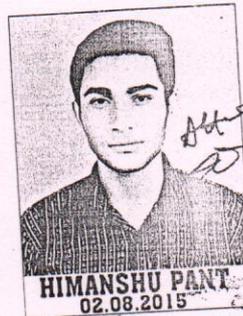
Yours faithfully,

Nutan Pandey
Assistant Director (Rehab.)

सु. प्रेस (टी.एच.)-जाब 96-4000-18-5-2015

"Form-VII"
Disability Certificate
(In case of amputation or complete permanent paralysis of limbs and in case blindness)
(See Rule 4)

HINDU RAO HOSPITAL
MALKA GANJ, DELHI-110007



Certificate No. 12
2017

Date: 10.1.17

This is to certify that I have carefully examined Shri/Smt./Kumari HIMANSHU PANT

Son/wife/daughter of Shri CHASHI BHUSHAN PANT

Date of Birth 05/09/2000 Age 16 years, male/female MALE

(DD/MM/YY)

Registration No. 1961367 Permanent Resident of House No. 221/3

Ward/Village/Street Railway Colony Post Office Kishan Ganj Delhi

District North State Delhi

Whose photograph is affixed above and am satisfied that :

(A) he/she is a case of

Locomotor disability

* Blindness

(Please as applicable)

(B) The diagnosis in his/her case is CTEV (L) & residual deformity

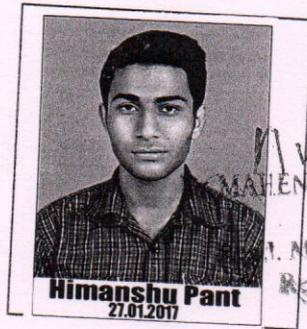
(C) He/She has 40 % (in figure) forty Percent
percent (in words) permanent physical impairment/blindness in relation to his/her (L) lower
part of body) as per guidelines (to be specified).

Himanshu

7.2 Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)



Mahendra
MAHENDRA KUMAR JINDAL
M.B.B.S., M.A.M.C
Regd. Medical Practitioner
REGD. No. 15007

I certify that I have carefully examined Mr./Ms.* HIMANSHU PANT
Son/daughter of Shri SHASHI BHUSHAN PANT whose
signature is given below. Based on the examination, I certify that he/she is in good mental
and physical health and is free from any physical defects which may interfere with his/her
studies including the active outdoor duties required of a professional.

Marks of Identification A pin head sized Mole on left side of face (amp lat to Note)

Signature of the Candidate Himanshu

Place: Deelhi

Date: 3/07/2017

Mahendra
Name & signature of the Medical
Officer with seal and registration
number

Dr. MAHENDRA KUMAR JINDAL
M.B.B.S., M.A.M.C
Regd. Medical Practitioner
Regd. No. 15007

* Strike whichever is not applicable.

GOVT. OF NCT OF DELHI
DR. BABA SAHEB AMBEDKAR HOSPITAL
SECTOR-06, ROHINI, DELHI-85

1145

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

Date 09/06/11

This is to certify that Shri/Smt/Ms. SHRISH RAI ZADA

son/Wife/Daughter of Shri SUMESH RAI ZADA born on 24/11/92 Aged 18 years
Male/Female and resident of T-C Samay Vihar, Sec-13 (Proof submitted is Return Book)

Registration No. 256402 is a case of Amnometropic Amblyopia
He/She is Physically Disabled / Visual Disabled / Speech & Hearing Disabled and has

100% percent) Permanent / Temporary (Physical Disability / Visual Disability / Speech & Hearing Disability)

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
3. Shrink out which is not applicable

DR. SANJAY SHARMA
Dr. Specialist (Surgery)
Dr. BSA Hospital, Rohini

DR. M. B. KUMAR
Dr. Specialist (ENT)
Dr. BSA Hospital, GNDT

DR. AMAR DEB
M.B.B.S., M.S.
Senior Eye Specialist
Head of the Deptt.
Dr. B. S. Ambedkar Hospital
Rohini, Delhi-85

DR. P. SINGH
Dr. Specialist (ENT)
Dr. BSA Hospital, Rohini

DR. M. D. SINGH
Dr. Specialist (ENT)
Dr. BSA Hospital, Rohini

Signature/Thumb Impression
of the Patient



DR. AMAR DEB
M.B.B.S., M.S.
Senior Eye Specialist
Head of the Deptt.
Dr. B. S. Ambedkar Hospital
Rohini, Delhi-85

Dr. Medical Superintendent
Dr. BSA Hospital
Seal

self Attested
signature



Joint Admission Counselling, Delhi
(DTU, IGDTUW, IIITD, NSIT)

Name - PRASHANT DWIVEDI
Roll No - 21807468

2116

कार्यालय मुख्य चिकित्सा अधिकारी, औरिया

व्या- सी0एम0ओ0 / औरिया / एम-5 / विकलांग/2013-14

शासनादेश संख्या-- विकलांग/प्रमाण पत्र/आदेश सं0- 139/4/1072

दिनांक 20.5.1987 के अनुसार

पंजी.सं. 25-58-64
दिनांक 25-5-14
औरिया Deputy ENT
LLR Hospital Kapat
for Audiometry Report

ENT

विकलांग प्रमाण पत्र

नियमानुसार गठित चिकित्सक दल के द्वारा श्री/श्रीमती/कु0 प्रशान्त द्विवेदी

पुत्र/पुत्री/पत्नी/श्री सुनील द्विवेदी

आयु 16

निवासी शा.ग.गो. - पुर्व जैन लक्ष्मील - विधुता

जनपद- औरिया

थाना महाभल

जनपद-औरिया, जिनका एल0 टी0 आई0 / आर0टी0आई0 / हस्ताक्षर

मेरे द्वारा नीचे प्रमाणित किये जा रहे हैं, का परीक्षण किया गया है, जो निम्न प्रकार से विकलांग हैं।

Ry. 25042 Lt. Audometry done on dated 31/3/15 by Dr. A.K. Purwar - Audometry shows B.C high frequency SNHL. Demand Curve in normal Category.

पहचान चिन्ह

Hold & see make a @ Sclerofore head. Disability about 50% (FIFTH)

प्रमाणित किया जाता है कि ये अस्थायी / स्थाई रूप से विकलांग हैं।

प्रशान्त द्विवेदी

हस्ताक्षर / एल0 टी0 आई0 / आर0 टी0 आई0

मुख्य चिकित्सा अधिकारी
औरिया



नेत्र रोग विशेषज्ञ
नोक, काम, गला-नास विशेषज्ञ
जिला चिकित्सालय- औरिया

नेत्र रोग विशेषज्ञ
नेत्र रोग विशेषज्ञ
जिला चिकित्सालय- औरिया

हड्डी रोग विशेषज्ञ
हड्डी रोग विशेषज्ञ
जिला चिकित्सालय- औरिया

भारत सरकार
 GOVERNMENT OF INDIA
 चिकित्सा अधीक्षक का कार्यालय
 OFFICE OF THE MEDICAL SUPERINTENDENT
 सफदरजंग अस्पताल, नई दिल्ली-110029
 SAFDARJANG HOSPITAL, NEW DELHI-110029

दिनांक 12-7-11
 Dated

सं० 2-21/11-MR
 No. 8-7-11
 D.O.B.

विकलांगता प्रमाण-पत्र
 DISABILITY CERTIFICATE

“यह प्रमाण-पत्र चिकित्सा विधिक मामलों में वैध नहीं है।”
 “THIS CERTIFICATE IS NOT VALID FOR MEDICO-LEGAL CASES”

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कु
 This is to certify that Sh./Smt./Kun

UNANG CHUGH

सुपुत्र/सुपुत्री/पत्नी श्री B.K. CHUGH
 S/o, D/o, W/o Shri

आयु 32yrs. Male वर्ष 32 Years

पुरुष/महिला. ओ.पी.डी. सं.
 Male/Female, O.P.D. No.

R/387935/11

रोग से पीड़ित हैं
 in a case of

POST TRAUMATIC STIFFNESS & INSTABILITY OF LEFT KNEE

वे शारीरिक रूप से अपंग हैं और इनके
 He/She is a physically handicapped and has

50% (FIFTY PERCENT)

स्थायी शारीरिक क्षति है इनके रोग के अनुसार
 permanent physical impairment in relation to his/her

LEFT LOWER LIMB

टिप्पणी, यदि कोई है: NIL
 NOTE, IF ANY:

(डॉ. R. SHARMA 8/7/11)
 (DR. RAJENDRA SHARMA)

Dr. RAJENDRA SHARMA

परामर्शदाता एवं आचार्य
 Consultant & Professor

शारीरिक चिकित्सा एवं पुनः स्थापन विभाग
 Department of P.M.R.

वी.एम.सी. & सफदरजंग अस्पताल, नई दिल्ली
 V.M.C. & Safdarjung Hospital, New Delhi

सं. सं. 499/95

D. 499/S.J.H. 12-02-2009

Mansari
 (डॉ. N. LAISRAM)
 जे.डी.ए. नैशनल ऑफ न. लाइस्रम
 विशेष चिकित्सक (पी.एम.आर.)
 Senior Specialist (PMR)
 रे. नैशनल 110029
 सफदरजंग अस्पताल, नई दिल्ली-29
 Safdarjung Hospital, New Delhi-29
 प्रतिहस्ताक्षर

COUNTERSIGNED

J.S.B.
 11/7/11
 (DR. J.S. BHATIA)

डा. जे. एस. भटिया/अधीक्षक S. BHATIA

असुर चिकित्सा अधीक्षक
 Addl. Medical Superintendent

वी.एम.सी. एवं सफदरजंग अस्पताल
 V.M.C. & Safdarjung Hospital
 नई दिल्ली/नई दिल्ली

Bhishma K...
 Special Advisor, Innovative Techniques
 Govt. of NCT Delhi, Delhi Sachivalaya
 Mob. 09811854242
 E-mail: 8ramyan@gmail.com

(डॉ. DR. DIGANTA BORAH)
 (DR. DIGANTA BORAH)
 Assistant Professor
 Department of PMR
 VMMC & Safdarjung Hospital
 New Delhi-110 029

रोगी की सत्यापित फोटो



DR. DIGANTA BORAH
 DMC Reg. No. 44493
 Assistant Professor
 Department of PMR
 VMMC & Safdarjung Hospital
 New Delhi-110 029

राष्ट्रीय पुस्तक विभागाचे अतिरिक्त, बल्लारी

क्र. १-२ ११-२०००/१००३

दिनांक २२.१३.९९

प्रमाणित किया जाता है कि हम लोगों ने डॉ/बोमली / सुशैलेंद्र कुमार यादव पुत्र/पत्नी /पुत्री श्री श्याम चंद्र यादव निवासी ग्रा. कलवारी, सेहतमाली

पाना का ववारी

मौ. प्रमाणित के दो वाक्यों में PRR PRR

यह प्रमाणित की वेगती के गते व मुद्रा प्रती है।
Hade mola 3 Cu input

पुस्तक का प्रमाण
PRR PRR

राष्ट्रीय पुस्तक विभाग

२०००

PRR
२०/१२/९९

पुस्तक विभाग
राष्ट्रीय पुस्तक विभाग

Shailendra

203 (circled) 279 (circled)

कार्यालय : मुख्य चिकित्सा अधिकारी, देवरिया

पत्रांक एन-1 विकलांग प्रमाण-पत्र 2002

दिनांक

शासनादेश सं० 7-3-71 विकलांग/5 दिनांक 20-5-78 के अनुभाग विकलांग

31/6/2

विकलांग प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी उमेश प्रकाश यादव
 पुत्र श्री/पत्नी-श्रीमती श्री अर्जा देवी यादव नाम बदरगढ़वा
 पोस्ट बहुआ थाना बनकटा जनपद-देवरिया उ० प्र० बिहारा
 हस्ताक्षर/निष्ठावर्धक गुण नीचे प्रमाणित किया गया है कि बाएं साइड का प्रत्यक्ष किया गया और पाया गया।
 कि ये PPR (L) @ Hemiparesis
 रोग से ग्रस्त है और ये 70% LPP
 प्रतिशत विकलांग है, इसका उम्र वर्ष है।
20

यह कि प्रमाणित किया जाता है कि ये
 स्वामी विकलांग व्यक्ति है।

हस्ताक्षर/निष्ठावर्धक गुण
 प्रमाणित
उमेश प्रकाश यादव
 सम्बन्धित चिकित्सा अधिकारी
 का हस्ताक्षर व मुद्रा



हृदय रोग विशेषज्ञ
 जिला चिकित्सालय देवरिया
 Dr. S. K. Panday
 Orthopedic Specialist
 Ref. Hospital, Deoria
 जिला चिकित्सालय देवरिया

Handwritten signature

फिबिसियन
 जिला चिकित्सालय देवरिया
 प्रति हस्ताक्षरित
M. K. Chhikara
 मुख्य चिकित्सा अधिकारी
 देवरिया
 मुख्य चिकित्सा अधिकारी
 देवरिया

F.No. : B-17017/1/VRCD/Ref./Trq./08

699

GOVERNMENT OF INDIA

Vocational Rehabilitation Centre
for Handicapped

Ministry of Labour & Employment, D.G.E.&T.

9, 10 & 11, Vikas Marg Extn.
Karkardooma, Delhi-92
Ph. : 22372704, 22378234
22378235

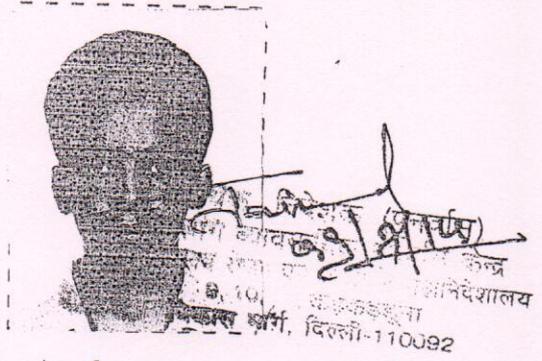
Dated : 09.7.14

To
The Registrar
Delhi Technological University
Shahbad Daultpur
Bawana Road,
Delhi - 110042
Sir/Madam,

This is to certify that Shri/Miss/Mrs. Ammol Bhandari is registered with this Centre as an orthopaedically handicapped/visually handicapped hearing handicapped candidate vide Inake No. 248/OH/2013

He/she has been found suitable for seeking admission in Computer Science Engg./ I.T. Engg. / Software Engg. Course

His/her application form may kindly be considered for admission. His/her attested photograph is also enclosed, herewith for identification.



Yours faithfully,

(Signature)

सहायक निदेशक (पुनर्वास)
Assistant Director (Emp.)
श्रम मंत्रालय
9, 10, विकस मार्ग, दिल्ली-110092

Encl. : As above.
Application Form No./Roll No. 54503193

Details

Date of PwD students admission during 2013-17

S.NO	Name	ROLL NO.	YEAR OF ADMISSION
1	PRATIMA MUREJA	2K13/VLS/16	2013
2	MAHESH KUMAR	2K13/CSE/09	2013
3	PRATEEK KUMAR VARSHNEY	2K13/SWE/11	2013
4	RAJU KUMAR	2K13/SWE/14	2013
5	BHANU SAHNI	2K13/PIE/06	2013
6	LOVEKESH AGGARWAL	2K14/VLS/14	2014
7	KIRTI BHADHADHRA	2K14/BIO/07	2014
8	LAXMI	2K14/SWE09	2014
9	DEEPIKA	2K14/ENE/07	2014
10	DEEPAK KUMAR	2K14/PIE/06	2014
11	RAMASHISH KUMAR	2K15/PIE/14	2015
12	PRAMOD KUMAR TIWERI	2K15/ISY/13	2015
13	VICKY KUMAR	2K15/VLS/19	2015
14	RAV I RANJAN	2K15/SWE/14	2015
15	RASHID KHAN	2K16/VLS/18	2016
16	ROHIT TYAGI	2K17/SWE/14	2017

2k13/VLSI/16 MS Pratima

OFFICE OF CIVIL SURGEON SIRSA

Certificate No. 420

Date 27/6/12

CERTIFICATE FOR THE PERSONS WITH DISABILITIES/HANDICAPPED

This is to certify that Shri/Smt/Kum Yashpal
son/wife/daughter of Shri Yashpal Age 21 99 old
male/female, Residence /Village 2-2 21401 District ...

He/She is physically disabled/visual disabled/speech & hearing disabled/mentally retarded and has 60% (... per cent) physical impairment/visual impairment/speech & hearing impairment/mentally retardation in relation to his/her ...

Amputation R/LK (L) + Amputated to be reviewed by Surgeon 27/6/12
60% + Burn scar + nt over the vault of skull. Burn scar is 2.5%. Burn scar + nt over whole of (L) leg from amputation left knee. Burn scar + nt over whole of (L) Umbar 2. + back of chest. Burn scar 2.29. Total - 68.79.

- 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

Member,
Member Handicap Board
General Hospital, SIRSA
With Seal

Subhashini
27/6/12
Member Handicap Board
With Seal

Signature/Thumb impression of the patient



Affected
Medical Officer
Govt. General Hospital
SIRSA

OFFICE OF THE CHIEF MEDICAL OFFICER, BULANDSHAHR

No. M-1/Handicaped/04

Dated... 11/12/05

Handicaped certificate according G.O.7.4.71/karmic-2 dated May 20,1978

We examined Shri/Smt./Km..... Maresh Kumar.....

S/o, W/o, D/o Shri..... Nav Ratan Singh..... aged about..... 15..... Years

R/o..... Kakrai.....

P.O. Khas..... Distt. Bulandshahr. Whose signature is given below and certify that He/She is a case of Below elbow Amputation of left arm through lower 1/3rd 65% Softly J.V.C Percent

We Certify that He/She is a permanantly Physically Handicapped person.

Mark of identification..... old scar on side face.....



Signature / L.T.I. / R.T.I.
Of the candidate



Surgeon
103

[Signature]
Chief Medical Officer
Bulandshahr (U.P.)
(President)

[Signature]
Dr. Bapazee
M.O. C.H.C. Jhansi
(Bulandshahr)

[Signature]
Orthopaedic Surgeon
Orthopaedic (Member)
Office of the Chief Medical Officer
Bulandshahr

[Signature]
E.N.T./Eye Surgeon
E.N.T./Eye Surgeon (Member)
Office of the Chief Medical Officer
Bulandshahr

2K13/SWE/11 - Prateek K

Vashney

OFFICE OF THE CHIEF MEDICAL OFFICER, LUCKNOW

No. 727/99



(HANDICAP CERTIFICATE IN ACCORDANCE WITH THE G.O.No.7/4/1971 KARMIK-2 Dated May 20, 1978)

We examined Shri/Smt/Km Prateek Kuman aged about 08 years, son/daughter/wife of shri D.R. Dimish Kuman Resident of D 124 Sector P, Aliganj Lucknow whose signature/L.T./R.T. is given below and certify that he/she is case of Scoliosis dorsal spine disability of fifty percent (50%) M/E Not visible

We certify that he/she is permanently physically Handi capped person.

PRATEEK KUMAR

Specimen Signature of the candidate



Attested [Signature]

SCIP Centre for Handicapped

Member Orthopaedic Surgeon

Shanoo 30/6/99 ORTHOPAEDIC SURGEON

MEMBER

EYE SPECILIST

MEMBER Eye Specialist

CHIEF MEDICAL OFFICER

LUCKNOW President

मुख्य चिकित्सा अधिकारी, लखनऊ

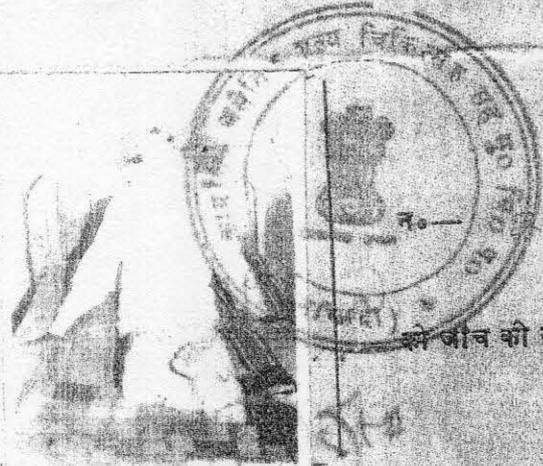
मैं शपथपूर्वक प्रमाणित करता हूँ कि मैंने इसके पूर्व किसी भी मुख्य चिकित्सा अधिकारी से विकलांगता प्रमाण पत्र प्राप्त नहीं किया है।

PRATEEK KUMAR हस्ताक्षर (प्रार्थी)

2KB/SWE/14 - Raju Kumar

कार्यालय असैनिक शल्य चिकित्सक-सह-मुख्य चिकित्सा पदाधिकारी
नालन्दा (बिहार शरीफ)

विकलांगता प्रमाण-पत्र



दिनांक 31/5/2024

प्रमाणित किया जाता है कि चिकित्सा पर्यंद द्वारा प्रत्याक्षी
को जीव की गई जिसका विवरण निम्न रूप में है :-

नाम - राजु कुमार

पिता / बर्तिका का नाम एवं पता - श्री राजेश कुमार
श्रीम - 211/2008 बिहार, स्थान - नालन्दा (मोरा)

पहचान चिह्न - बीमा कार्ड के क्रमांक (921
41000111)

उम्र एवं लिंग - 37 वर्ष

विकलांगता का प्रकार एवं प्रमाणित जग - Post Polio residual Deficiency of
muscles with some chest pain

विकलांगता की प्रतिशत (Post Polio) विकलांगता में आते हैं/तहाँ आते हैं - 100%

राजु कुमार
प्रत्याक्षी का हस्ताक्षर

Dr. [Signature]
सदस्य

Dr. [Signature]
सदस्य

Dr. [Signature]
अध्यक्ष
OFFICE HEAD
NALANDA

Self attested
Raju Kumar

कार्यालय मुख्य चिकित्सा अधिकारी, आगरा

विकलांग प्रमाण पत्र

Renaul
In reference of previous
issued certificate No 582 dated
12/4/06 दिनांक 2/9/09

सं० F-3/2005-6

क्षति पूर्ति एवं न्यायालय के लिये मान्य नहीं।

(विकलांगता प्रमाण पत्र शासना देश सं० 714.97/कार्मिक-2/ दिनांक 20-5-78 तथा गजट भारत सरकार सं० 4-2/83 HWIII भाग-1 खण्ड-1 कल्याण मंत्रालय, दिनांक 6-8-1986 द्वारा निर्देशों के अर्न्तगत जारी)

(अस्थायी विकलांगता हेतु जारी करने की तारीख से तीन वर्ष के लिये मान्य)

प्रमाणित किया जाता है कि श्री/श्रीमती/कु० Bhanu Sahni आयु 18 वर्ष
(लगभग) पुत्र/पुत्री/पत्नी श्री के० वी० साहनी
निवासी सं० 7, ब्राह्मि देवरा स्टेट फोर्स I बून्देलखण्ड का)
जिनका हस्ताक्षर/निशानी अंगूठा व फोटो नीचे प्रमाणित किया गया है, उन्हें निम्न विकलांगता पाई गयी है
Post operative implantation of
left knee prosthesis due to osteoarthritis
of lower end of left femur & shortening

ऊपर दी गयी विकलांगता के कारण वे स्थायी/अस्थायी विकलांग की श्रेणी में आत/आती है तथा इनकी विकलांगता का प्रतिशत 50% है।



हस्ताक्षर/नि० अंगूठा



मोहर
व
दिनांक

पंजीकरण संख्या 12496 — दिनांक 02/9/09
उ० प्र० राज्य सड़क परिवहन निगम द्वारा
संचालित सभी श्रेणी का बसों में प्रवेश हेतु हड्डी रोग विशेषज्ञ
प्रदेश से बाहर गन्तव्य स्थानों तक एक स्कोर्सदस्य
सहित निः शुल्क यात्रा सुविधा अनुमन्य होगी।

Dr. Bhanu Sahni
नेत्र रोग विशेषज्ञ (सदस्य)
बिला विकलांग कल्याण अधिकारी
आगरा
नाक, कान व कान रोग विशेषज्ञ (सदस्य)
प्रतिहस्ताक्षरित

अध्यक्ष/मुख्य चिकित्सा अधिकारी
आगरा

2K4/1810/07

Kirti Badhane

GOVERNMENT OF RAJASTHAN
MEDICAL & HEALTH DEPARTMENT
MEDICAL BOARD'S CERTIFICATE
ON PERMANENT DISABILITY
S.M.S. HOSPITAL, JAIPUR

Specified in Section 2 (b) (e) (l) (n)(q) (r) (t) and (u) of the persons with disabilities Act 1995. CH II of the persons with disabilities Rules 1996. Notification of the Govt. of India in the Ministry of welfare No-4-2/83-HW III date 6th August 1986 and circular No-P-16/5/MH/2/98 dated 30/6/2000 Medical & Health Department, Govt. of Rajasthan.

Certificate No. 889

Date 21/11/11

Name of Hospital S.M.S. Medical College & Hospital, Jaipur



Handwritten signature/initials

This is to certify that Shri/Shrimati/Km Kirti Badhane
Whose particulars are furnished below, is a bonafide "persons with disability" ORTHOPAEDICALLY/VISUALLY HEARING IMPAIRMENT/MENTALLY/LEPROSY CURED.

PARTICULARS OF THE HANDICAPPED PERSON

FATHER'S/HUSBAND'S NAME Suresh Chandra Sharma

GENDER male

AGE 24 yrs

ADDRESS C-75, Ganesh mang, Hau's Sarak, Jaipur

IDENTIFICATION MARK Black mole on FA

HISTORY OF ILLNESS/TRAUMA WITH DURATION Since birth

SHORT DESCRIPTION OF THE PERMANENT DISABILITY spastic monoparesis @ upper limb

AGGREGATE PERCENTAGE OF THE PERMANENT DISABILITY more than 40% (100% @)

Signature [Signature]
Thumb Impression [Impression]
of the Handicapped person

CHAIRMAN
सहायक आयुक्त
राजस्थान सरकार
जायपुर

MEMBER / SUBJECT SPECIALIST
[Signature]

MEMBER
[Signature]

सहायक आचार्य

फिजिकल मेडिसिन एंड रिहबिलिटी

Note: Aforesaid person with diability is eligible to apply for facilities, concessions and benefit admissible under schemes of the Govt./Non Govt. organization and Universities subject to such condition as the Central or the State Govt., Organizations & Universities may impose.

[Signature]

2K14/ENE/07

Dipika

M.P.-J. 265-5000-19-1-96

OFFICE OF THE MEDICAL SUPERINTENDENT
HINDU RAO HOSPITAL : DELHI
(MUNICIPAL CORPORATION OF DELHI)



No. 7008 / MRD
7/11/97

Dated 5/11/97

MEDICALLY HANDICAPPED CERTIFICATE

VERMA
edic Surgeon
Hospital. Department of.....
-110007 (Ortho./ENT/Ophthalmology/Other)

This is to certify that patient Shri/Smt./Km. Dipika
age 9 years son/wife/daughter of Shri. Late Rajiv Singh
OPD/MRD No. M.E. 357 whose specimen signature is given below is suffering
from Post-Polio Residual Palsy (R) lower limb - 2" shorten
His/Her disability is 60% (Sixty percent) of R lower limb
It is, therefore, recommended/
advised that he/she may be considered as a candidate for the benefits of partially/
completely permanent handicapped person.

Resup

Dr. R. C. GUPTA
Sr. Orthopaedic Surgeon
Hindu Rao Hospital, Delhi

Ram Kant
Dr. RAM KANT GUPTA
Senior Orthopaedic Surgeon
Hindu Rao Hospital, Delhi
Signature of Medical Officer
(Head of Department)

with seal
Dr. S. C. VERMA
Senior Orthopaedic Surgeon
Hindu Rao Hospital
DELHI-110007

Deebika
(Signature of the patient)

Countersigned

Umesh

MEDICAL SUPERINTENDENT
Hindu Rao Hospital : Delhi

Dr. UMESH TYAGI

Deebika

2k 14/PIE/06

Mr. Deepak Kumar

OFFICE OF CHIEF MEDICAL OFFICER, HARIDWAR

Certificate No. 1073 **DISABILITY CERTIFICATE**

Date: 1.10.18

This is certified that Shri/Smt. Kum. Deepak Kumar
Son/Wife/Daughter of Shri. Dogra Lal Bahadur Age 25y Sex M.
Address Laxmi Nagar, Haridwar Identification Mark (s)
is suffering from permanent disability of following category :



Handwritten notes:
Photo
Deepak Kumar
Chief Medical Officer

- A. Locomotor or Cerebral palsy :
 - (i) BL-Both legs affected but not arms
 - (ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
 - (iii) BLA-Both legs and both arms affected
 - (iv) OL-One Leg affected (right of left)
 - (a) Impaired reach (b) Weakness of grip (c) Ataxic
 - (v) OA-One arms affected
 - (a) Impaired reach (b) Weakness of grip (c) Ataxic
 - (vi) BH-Stiff back and hips (can not sit or stoop)
 - (vii) MW-Muscular weakness and limited physical endurance
 - B. Blindness or Impaired Vision
 - (i) B-Blind (ii) PB-Partially Blind
 - C. Hearing impairment :
 - (i) D-Deaf (ii) PD-Partially Deaf (Delete the category whichever is not applicable)
2. This condition is progressive / non-progressive / likely to improve / not likely to improve reassessment of this case is not recommended / is recommended after a period of 2 years (every year) years.....Months.
3. Percentage of disability in his/her case is 42% (Partly blind) percent.
4. Sh./Smt. Kum. Deepak Kumar Meets the following physical requirements for discharge of his / her duties.
- | | |
|---|--------|
| (i) F-can perform work by manipulating with fingers | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work lifting. | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by Walking. | Yes/No |
| (ix) SE-can perform work by Seating. | Yes/No |
| (x) H-can perform work by hearing / speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |



Handwritten notes:
LFI cut
Deepak Kumar

Tao
Member
Medical Board

[Signature]
Member
Medical Board

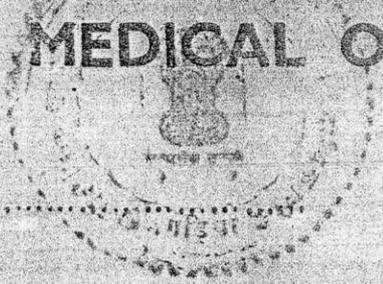
[Signature]
Chief Medical Officer
(Haridwar, U.K.)
Chairperson
Medical Board

Deepak Kumar

2K15/PIE/14

Ramashish K.

OFFICE OF THE CIVIL SURGEON CUM CHIEF MEDICAL OFFICER

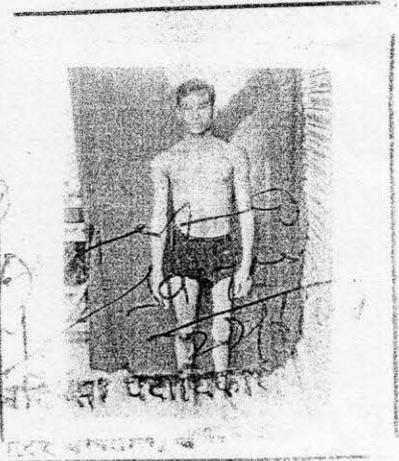


No. - 120

Date... 22/06/04

Report of the Medical Board for Handicappeds

1. Name of the Candidate- Ramashish Kumar
2. Father's Name/Husband's Name- Ramashish Kumar
3. Home Address- Mr. Chitragupta Nagar, P.O. Kashi
College Kashi, (Bihar)
4. Date of Birth- 14-05-1988 (14 May, eighty nine)
5. Marks of Identification-



- The mole on the right cheek.
- A black mole on the right cheek.
6. Nature of Handicapped- Post Polio
 - (a) Visual
 - (b) Locometer
 - (c) Speech and hearing
 - (d) Mental

7. Categories- Permanent, Orthopedically Handicapped.
Mild, Moderate Severe's Profound (Total) 40% (fourty)

Signature/LTI of the Candidate

Ramashish Kumar

Dr. *[Signature]*
Member
Medical Board
सदस्य स्वास्थ्य, बिहार

Dr. *[Signature]*
Member
Medical Board
सदस्य स्वास्थ्य, बिहार

Dr. *[Signature]*
Member
Medical Board
सदस्य स्वास्थ्य, बिहार

Ramashish Kumar

[Signature]
Civil Surgeon cum
Chief Medical Officer

21/15/154/13



DELHI TECHNOLOGICAL UNIVERSITY
(Formerly Delhi College of Engineering)
Shahbad Daultapur, Bawana Road, Delhi - 110042

Program

M.TECH. Admissions 2015 -16

Registration No.	15106872
Name	Pramod Kumar Tiwari
Father's Name	Shrikumar Tiwari
Candidate Category	General(GEN)
GATE Roll Number	
GATE Subject	
GATE Year	0
GATE Marks	
Normalized GATE Marks	
Person with Disabilities	YES
Type of Applicant	Sponsored
Name of Department	Computer Science and Engineering(CSE)
Name of specialization admitted	Information System (ISY)
Order of Preferences	1-ISY
Date of Admission	01 Aug 2015

Fee Details :-

DD No : 590962	Issuing Bank : SBI	Date of Issue : 29/07/2015	Amount : 99000
DD No :	Issuing Bank :	Date of Issue :	Amount :

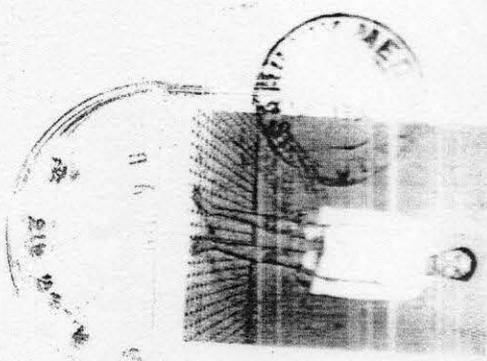
Total Amount received Rs. 99000/-

Signature of Admission coordinator

17/12/2019

Name :
 पिता :
 2. Father's Husband's Name :
 3. Date of Birth :
 4. Sex (Male/Female) :
 5. Present Address :
 वर्तमान पता :

6. Educational Qualification :
 शिक्षा का स्तर :
 7. Monthly/Family Income :
 मासिक/वार्षिक आय :
 8. Caste :
 जाति :
 9. Occupation :
 पेशा :



DISABILITY CERTIFICATE

1. Name :
 नाम :
 2. Nature of Disability :
 विकलांगता का प्रकार :
 3. Disability Code :
 विकलांगता कोड :
 4. Percentage of Disability :
 विकलांगता का प्रतिशत :
 5. Identification Marks :
 पहचान चिह्न :

विकलांगता का प्रकार :
 Vicky Kumar 20/10
 50-Jhanda ka, Dewistam, Abagilla,
 Muzaffar, Gaya.
 PPP-RL C muscle wasting
 and atrophy of hand to knee
 parts
 L.D.
 45% (Cystic spine)

1. Male or female
 2. Mole or scar

Signature of Person with Disability
 विकलांगता वाले व्यक्ति का हस्ताक्षर
 विकलांगता वाले व्यक्ति का हस्ताक्षर

Signature of District Welfare Officer with seal
 जिला कल्याण अधिकारी का हस्ताक्षर एवं मुहर
 जिला कल्याण अधिकारी का हस्ताक्षर एवं मुहर

DETAILS OF CONCESSIONS PROVIDED
 विज्ञापन की गई सुविधाओं का विवरण

Sl. No. क्रमिक संख्या	Date दिनांक	Details of Benefits Provided प्रदान की गई सुविधाओं का विवरण	Signature of Officer with seal प्रशासिका की हस्ताक्षर एवं मुहर

2K15/VLS1/19

Vicky Kumar

MEMBER
 MEDICAL BOARD

MEMBER
 MEDICAL BOARD
 Signature of the Medical Officer with seal
 जिला कल्याण अधिकारी का हस्ताक्षर एवं मुहर
 जिला कल्याण अधिकारी का हस्ताक्षर एवं मुहर

Vicky Kumar

2K15/SW/114

ANNEXURE - B

STANDARD FORMAT OF THE CERTIFICATE

Civil Surgeon Cum Chief Medical Officer Palamau, Jharkhand

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL Issuing the certificate

Certificate No. 08(Eye)

Date 16/06/2010

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that Shri/ Smt./ Kum Ravi Ranjan
Son /Wife/ Daughter of Shri Mr. Akhilesh Kumar Sadra, vic rail hals, Daltongans
Age 17 old male / female, Registration No. 08/16.06.10 is a case of Palam
Nystagmus Bottery (Myopic fundus) He/ She is
Physically disabled / Visual disabled / Speech & Hearing disabled and has 50% %
(fifty 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 _____
_____ month / Years.*

* Strike our which is not applicable

(DOCTOR)

Seal
Dr. Rajesh Kumar

डा० राजेश कुमार (Eye)

नेत्र रोग विशेषज्ञ
Signature/Thumb impression
of the Patient



Ravi Ranjan

Seal
Rajesh Kumar

(DOCTOR)

Seal
Dr. V. K. Singh
Dr. Vijay Kumar Singl
M.B.B.S. M.S. (Ortho)
Sadar Hospital, Daltongans
Reg. No. 24048 (Bihar)

(DOCTOR)

Seal
Dr. Rajesh Kumar
Dr. Rajesh Kumar
M.B.B.S., D.T.M. & B.
Civil Asst. Surgeon
Sadar Hospital, Daltongans
Palamau (Jharkhand)

Countersigned by the
Medical Superintendent/ CMO /
Head of Hospital (With Seal)
असैनिक शल्य चिकित्सक
सह मुख्य चिकित्सा पदाधिकारी
16/06/10

(M Sharma)

दिल्ली
Delhi

Ravi Ranjan

2K16/VLS/118- Rashid Khan.

ANNEXURE-B

OFFICE OF THE CHIEF MEDICAL OFFICER
BAREILLY

Certificate No. 11218

Date 24/7/14

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum. Rashid Khan
son/wife/daughter of Shri. Mehmood Khan R/o Kanja Daspur P.O. 12atnagan
Age 20 old male/female, Registration No. 2 is a case of Post-traumatic R.D.R. 6/12/2012
He/She is physically disabled/visual disabled/speech & hearing disabled and has 60% (forthy) percent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her newly dropped

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.

Dr. H. H. Ditta
(DOCTOR)
Seal

Dr. H. H. Ditta
(DOCTOR)
Seal

Dr. H. H. Ditta
(DOCTOR)
Seal

Signature//Thumb impression of the patient



Countersigned by



Dr. H. H. Ditta
Bareilly

Rashid Khan

2K17/SWE/14

- Rohit Tyagi ✓

म्यु. प्रैस (टी.एच.)-जाब 96-4000-18-5-2015

"Form-VII"
Disability Certificate
(In case of amputation or complete permanent paralysis of limbs and in case blindness)

(See Rule 4)

HINDU RAO HOSPITAL
MALKA GANJ, DELHI-110007



Dr. G.B.S. KOHLI
Medical Officer
Dept. of Orthopaedics
Hindurao Hospital, Delhi

Certificate No. 441
2016

Date: 7.12.2016

This is to certify that I have carefully examined Shri/Smt./Kumari ROHIT TYAGI

Son/wife/daughter of Shri VIRINDER SINGH TYAGI

Date of Birth 02/09/1994; Age 22 years, male/female MALE

(DD/MM/YY)

Registration No. 192 4672 Permanent Resident of House No. KH No-146

Ward/Village/Street TOK RAM SARPAICH Post Office Village Post Burari

District NORTH State DELHI

Whose photograph is affixed above and am satisfied that :

(A) he/she is a case of

* Locomotor disability

* Blindness

(Please ✓ as applicable)

(B) The diagnosis in his/her case is of MNDS of lower limb of Mergonjalocele & LMN ds. (R)

(C) He/She has 49.70 % (in figure) forty nine percent percent (in words) permanent physical impairment/blindness in relation to his/her (R) Lower limb part of body) as per guidelines (to be specified).

Rohit Tyagi
05/07/17