

2014

# GOVERNMENT OF JAMMU & KASHMIR

## DEPARTMENT OF HEALTH DISTRICT ANANTNAG DISABILITY CERTIFICATE

*Om*



No. 744

Date of Issue. 12/02/11

1. Name Shaid Ahmad Same

2. Father's Name Sh Rasool Same

3. Sex & Age: Male 21 Years

4. Address Shalajaw Bijbehara

5. Mark of identification {Photograph Attested Photo attached

6. Type of Disability: Visual disability/hearing impairment/locomotor.

Disability/mental retardation/any other Specified in the Act.)

7. Diagnosis Congenital deformity ill formed lateral half of L hand. R hand restricted dorsiflexion at L wrist and wasting of L FD musculature

8. Degree of disability(%age) 40% (Foty)

(Detailed in the Act. / Guideline):

9. Validity Permanent

Specialist 1st  
*[Signature]*  
Consultant Orthopedics  
MMABM Hospital Anantnag

Specialist 2nd

*[Signature]*  
Chairman  
Medical Board  
Distt. Anantnag

Act means J&K persons with disparities(equal opportunities, protection of right & full participation Act-1998  
Medical board will give perneant disability where are on chance of variation in the degree of disability.  
the medical board will indicate period validity

2018

Em. vs a  
PHC

Government of Jammu and Kashmir  
of District Medical Board/Chief Medical Officer Kupwara

Form - I - A

Disability Certificate

Certificate No: CMO/Kup/DMBK/2017-18/ 1670

Dated :- 12 / 10 / 2017



is certified that we have carefully examined Mr./Ms/Mrs ABRAR (M)

MASHOOD KIAN s/o MASHOOD AHMAD KIAN Consultant (Ophtho)

has applied for disability certificate vide application dated Member District Medical Board Kupwara and

whose photograph is affixed above, and are satisfied that :

He/ She is a case of Visual Disability. His / her extent of permanent Physical Impairment / Disability has been evaluated and is indicated hereunder :

S.No	Disability	Diagnosis	Permanent/Temporary Disability in %age
1.	Blindness	(R) papillary degeneration.	42%
2.	Low vision		
3.	Leprosy cured		
4.	Hearing impairment		
5.	Locomotive		
6.	Mental retardation		
7.	any other (Specified in Act)		

- The above condition is progressive / non progressive / likely to improve / not likely to improve.
- The certificate shall be valid for Life long / Life Time / \_\_\_\_\_ Years
- Reasons for rejection of application for disability certificate.
- Signature and seal of the Medical Authority.

<p>Consultant (Ophtho) Member District Medical Board Signature District Medical Board Kupwara</p>	<p>Consultant (ENT) Member District Medical Board Signature District Medical Board Kupwara</p>	<p>Consultant (Ortho) Member District Medical Board Signature District Medical Board Kupwara</p>
---	--	--

Thumb Impression of the applicant

Prof. Irshad A Nawchoo  
Director Admission & Competitive Examinations  
University of Kashmir, Srinagar

Signature of  
Chairman  
District Medical Board  
Chief Medical Officer  
Kupwara

6. Thumb Impression of the person in whose favour disability certificate is issued