

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

ENT / 102

दिनांक 20/3/18

District Hospital, Amravati
(Maharashtra, India)

NAME OF THE HOSPITAL:

Certificate Number: 508/29

Date: 12/03/2018

I hereby certify that I have carefully examined.

Identification Number: HI50300696911

Aadhar Number: N/A

S. N. Name: DAHE HARIDAS GOVINDRAO N/A

Father Name: Shri Smt. Kum. GOVINDRAO

Date of Birth (dd/mm/yyyy):

Age: 48 years

Gender: Male

Permanent Address:

Village: Sangawa

Taluka: Sangawa

District: Amravati

Taluka: Daryapur

Pincode: N/A

whose photograph is affixed above, and am satisfied that he / she is a case of **Hearing Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Hearing Impairment	Both Ears	ACQUIRED BILATERAL MODERATELY SEVERE S.N. HEARING LOSS.	40

The above condition is *Permanent, progressive, not likely to improve*

Assessment of disability

The applicant has submitted following documents as proof of residence: *Aadhar Card*The applicant has submitted following documents as proof of Identity: *Aadhar Card*

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

Dr. Kishor B. Deshmukh

ENT Surgeon Class-I

Member

Regn. No. : 57575

Dr. Arun B. Lohakpure

Additional Civil Surgeon

Member Secretary

Regn. No. : I 14229A1

DR. SHYAMSUNDAR H. NIKAM

Civil Surgeon

President

Regn. No. : 53307

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