

OFFICE OF C.M.O. MUZAFFARNAGAR (U.P.)

(Act. 1955 (1 of 1996/Ins by G.S.R. 2 (E) Dated 30th December 2009 (w.e.f. 01.01.2010)
 Certificate No. 1337 Date: 23/6/16



DISABILITY CERTIFICATE

Not For Medicolegal Chief Medical Officer Muzaffarnagar

This is to certify that we have carefully examined Shri/Smt./Kum. राजेश शेटल Son/Wife/
 Daughter of संजीव शेटल Date of Birth 18 Age 18 Years Male/ Female
10 Permanent resident of House No. / Vill. पंचेकड़ा कला Post Office
खारा Teh. खारा Distt. Muzaffarnagar (U.P.) whose photograph is affixed above,

and are satisfied that :
 (1) (A) He/She is a case of Cerebral palsy Disability/Disabilities His/Her Extent of percentage physical impairment/disability has been evaluated as per guidelines to be Specified for the disabilities Mentioned below, and shown against the relevant disability in the table below :

Sr. No.	Disability	Affected Body	Diagnosis	Physical/mental disability (%)
1.	Locomotor disability @		<u>Cerebral palsy</u>	<u>100</u>
2.	Low vision/ Blindness			
3.	Hearing/ Speech disability		<u>(C.P.)</u>	
4.	Mental retardation / illness			

(B) In the light of the above, his / her overall permanent physical / mental impairment as per guidelines is as follows :-
 In figures 100 Percent. In words One hundred percent

- (2) This condition is progressive/non progressive/likely to improve/not likely improve
 (3) Reassessment of disability is :
 i) Non necessary,
 ii) Is recommended/after DD years MM months, and therefore this certificate shall be valid till DD MM Years
 (4) The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>रजिस्ट्रार कार्ड</u> <u>10/13/07</u>	<u>-</u>	<u>बाराबंकी</u>

M.I.

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

(5) Signature and seal of the Medical Authority

डॉ. एम.अरुण सिंह
 सदस्य, आर्यो. मंडल

Name and Seal of Member मंडल

Consultant Eye Surgeon
 Distt. Hospital, Muzaffarnagar

Name and Seal of Member

डॉ. करण सिंह
 सदस्य, आर्यो. मंडल

Name and Seal of Member

*Refered to Dr. Deepak Singh
 Attorney General to
 Khewra Deepak Singh for
 certificate
 23/6/16*

Chairman
 Muzaffarnagar

Name and Seal of Chairman Muzaffarnagar

नोट- इससे पूर्व मैंने अपना विकलांगता प्रमाण पत्र नहीं बनवाया है।

आवेदक के हस्ताक्षर