

# M & J Western Regional Institute of Ophthalmology

(Eye Hospital)

CIVIL HOSPITAL, AHMEDABAD-16.

Form-IV

## Disability Certificate

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

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY  
ISSUING THE CERTIFICATE)

(See rule-4)

NOT VALID FOR ANY COURT PURPOSE



Certificate No. C/1873

Date: 20/1/2017

PTA No.: 2074

This is to certify that I have carefully examined Shri/Smt./Kum. Dave Rishabendra  
Son/wife/daughter of Shri Shantilal Date of Birth (DD/MM/YY) 21/08/1996  
Age 21 years, male/female Registration No. 2074 Permanent resident  
of House No. 93 Ward/Village/Street Jaymangal Park Society  
Post Office Albad District Albad State Gujarat whose photograph  
is affixed above, and am satisfied that he/she is a case of 100% disability. His/her e  
tent 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 ;

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent Physical impairment/ mental disability (in %)
<input checked="" type="checkbox"/>	Locomotor disability	@	CBE Disc prolax	
2	Low Vision	#	2 Nystagmus ERG	100%
3	Blindness	Both Eyes	choroidal Atrophy	
<input checked="" type="checkbox"/>	Hearing-impairment	£		
<input checked="" type="checkbox"/>	Mental-retardation	*		
<input checked="" type="checkbox"/>	Mental-illness	*		

(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

(ii) is recommended / after 5 years \_\_\_\_\_ months, and therefore this certificate shall be valid till

(DD/MM/YY) 20/1/2022

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye / both eyes

£ - e.g. Left/Right/both ears

**Disability Certificate Form-IV**  
(In cases other than those mentioned in Forms II and III)  
Health and Family Welfare Department, Govt. of Gujarat



*Sheth*

Certificate No.: 285028

Date: 18/03/2017

This is to certify that I have carefully examined

Shri/Smt./Kum. नेहा देवी / Nehal bebubhal Desai

son/wife/daughter of Shri राजेश देवी

Date of Birth (DD / MM / YYYY) 19/12/1987 Age 30 Year(s) Female

Registration No. RAJ/17/01187483

Address 295, Bavavala Para, Near Bai Mandir, Jetpur Housing Area, Jetpur, Jetpur Navagadh (M), JETPUR, RAJKOT

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

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and shown against the relevant disability in the table below:-

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Blindness	Both Eye	1) BE - Micro phthalmos with Micro Cornea with Nystagnus	100 (One Hundred )

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

3. Reassessment of disability is: Not Necessary

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

Nature of Document	Date of issue	Details of authority issuing certificate
Ration Card		Mamlatdar

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

Signature/ Thumb impression in whose favour disability certificate is issued



*Neel R. Sheth*  
Authorized Signatory of not ~~ified~~ Assistant Professor  
Medical Authority Dept. of Ophthalmology  
(Name and Seal) PDU Govt Hospital  
Countersigned Rajkot Reg No G-11511

(Countersignature 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))

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.

Certificate Issuing Doctor	Certificate Issuing Facility
1. Neel Rushit Sheth (G11541)	PDU Medical College, Rajkot

NOT FOR M.L.C. OR COURT USE.

No. VH/ Certi. 294 / 2004

Sir Pratap General Hospital  
Himatnagar. Dist. Sabarkantha

O.P.D. NO. 6696

Date : 16 / 12 / 2004-2005

Date : 16 / 12 / 2004

### VISUALLY HANDICAPPED CERTIFICATE

This is to certify that Shri/Smt./Kum. Jaswant Kumbhar  
Daimor Jaswant Hiraji  
 Aged 15 years, Resident of Atla chand Vasa, T.S. Vilaynagar  
A.M.S.K. is examined by me at this hospital  
 for Visually Handicapped.

- [1] Disease BCS - total Albinism & Nyctagmia
- [2] Defermity & Disability / Handicapped VNC / Intra NIGPH
- [3] Percentage 100% (Hundred)

The Person is / is not disable Handicapped.



*[Signature]*  
 Chief Dist. Medical Officer,  
 Civil Surgeon,  
 Sir Pratap General Hospital,  
 Himatnagar.

*[Signature]*  
 Ophthalmic Surgeon CI-1  
 Sr. P. G. Hospital, Himatnagar

*[Signature]*  
 Resident Medical Officer  
 Sir Pratap General Hospital  
 HIMATNAGAR.

District Blindness Control Society, Himatnagar.

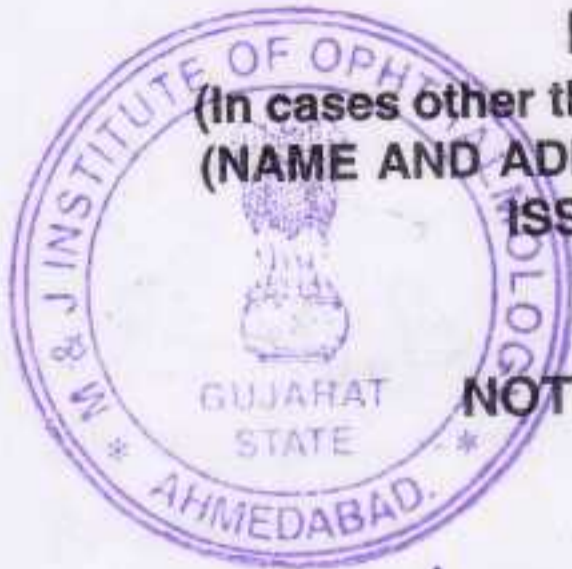
**M & J Western Regional Institute of Ophthalmology  
(Eye Hospital)**

**CIVIL HOSPITAL, AHMEDABAD-16.**

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)



**NOT VALID FOR ANY COURT PURPOSE**



Certificate No: C/1668

Date: 14/6/2016 M & J Civil Hospital, Ahmedabad-380 016

PTA No. : 18341/2016

This is to certify that I have carefully examined Shri/Smt./Kum. SHARMA. PAYAL. VIJAY BHAI  
SHARMA.  
Son/wife/daughter of Shri VIJAY BHAI. Date of Birth(DD/MM/YY) 1-8-1992

Age 24 years, male/female Registration No. 18341/2016 Permanent resident

of House No. 22 D/15 (1+2) 2. Ward/Village/Street OM SHANTI NAGAR-2 NR. BHAMIARIYA KUW  
ZAMBIHA

Post Office VATVA District AHMEDABAD State GUJARAT, whose photograph

is affixed above, and am satisfied that he/she is a case of (BE) VISUAL disability. His/her e  
tent 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:

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent Physical impairment/ mental disability (in %)
<input checked="" type="checkbox"/>	Locomotor disability	@		
2 <input checked="" type="checkbox"/>	Low vision	#	$V_n < H_m^{-} PL+PR_4$	
3 <input checked="" type="checkbox"/>	Blindness	Both Eyes		100%
<input checked="" type="checkbox"/>	Hearing impairment	£	BE advanced Typical RP	
<input checked="" type="checkbox"/>	Mental retardation	×		
<input checked="" type="checkbox"/>	Mental illness	×		

(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

(ii) is recommended /after 5 years - months, and therefore this certificate shall be valid till

(DD/MM/YY) 14 6 2021

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£ - e.g. left/Right/bhoth ears



Certificate No: 28879

Roll: 11940013

This is to certify that I have carefully examined  
Shri/MS. Mrs. JAGANNATH DAS

son/daughter of Mr. JAGAN

Date of Birth (DD/MM/YYYY) (13/02/2000) Age 22 (years) Female

Registration No. 2022100101222

Address: C-12, BHOIRAHANANIKUNDA P.O.-4, HENT, JHANSI ROAD, BOHAL ROAD, HENT, P.O.,  
Ahmednagar, 431002 (MS) DIST. AHMEDNAGAR

whose photograph is affixed above, and am satisfied that he/she is a case of  
Lumbar Disability - disability

Higher extent of permanent physical impairment/disability has been ascertained as per guidelines (as specified) and shown against the relevant disability or the table below.

S. No.	Disability	Affected part of Body	Diagnosis	Permanent physical Impairment / mental disability (in %)
1.	Lumbar Disability	Muscle Disease	D. Spinal cord injury	75-Disability Free

2. The above condition is progressively non-progressive. Body to improve and Body to improve.

3. Reassessment of disability is (not necessary)

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

Nature of Document	Date of issue	Details of authority issuing certificate
Medical Cert	2022-03-03	DCMS, OFFICE (DPMK), JHANSI ROAD

Undertaking: I hereby declare that all the pre-information stated above are true to the best of my knowledge and further state that I have not availed any other disability certificate from the health department, if a case only issued against my self, I shall be liable to forfeiture of any benefits derived and other action as per law.

Signature/Thumb Impression of  
whose name disability certificate  
is issued

*[Handwritten signature]*  
*[Handwritten name: H. J. DAS]*

*[Handwritten signature]*  
*[Handwritten name: JAGANNATH DAS]*

(Signature and seal of the CMC/Chief Superintendent of Government Hospital, Jhansi Road, P.O.,  
issued by a medical authority who is not a government servant (with seal))

Note: If your certificate is issued by a medical authority who is not a government servant, it shall be valid only  
contemplated by the Distribution Office of the District.

Note: The principal rules were published in the Odisha Official Gazette notification number G.O. 28287, dated 19-11-2019.

# M & J Western Regional Institute of Ophthalmology

(Eye Hospital)

CIVIL HOSPITAL, AHMEDABAD-16.

Form-IV

## Disability Certificate

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

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY  
ISSUING THE CERTIFICATE)

(See rule-4)

NOT VALID FOR ANY COURT PURPOSE



Certificate No. C/1873

Date: 20/1/2017

PTA No.: 2074

This is to certify that I have carefully examined Shri/Smt./Kum. Dave Rushalata  
Son/wife/daughter of Shri Shantilal Date of Birth (DD/MM/YY) 21/08/1996  
Age 21 years, male/female Registration No. 2074 Permanent resident  
of House No. 93 Ward/Village/Street Jaymangal Park Society  
Post Office Albad District Albad State Gujarat whose photograph  
is affixed above, and am satisfied that he/she is a case of 100% disability. His/her e  
tent 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 ;

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent Physical impairment/ mental disability (in %)
<input checked="" type="checkbox"/>	Locomotor disability	@	CBE Disc prolax	
2	Low Vision	#	2 Nystagmus ERG	100%
3	Blindness	Both Eyes	choroidal Atrophy	
<input checked="" type="checkbox"/>	Hearing impairment	£		
<input checked="" type="checkbox"/>	Mental retardation	*		
<input checked="" type="checkbox"/>	Mental illness	*		

(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

(ii) is recommended / after 5 years \_\_\_\_\_ months, and therefore this certificate shall be valid till

(DD/MM/YY) 20/1/2022

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye / both eyes

£ - e.g. Left/Right/both ears



398/18



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India



*Patel*  
**Disability Certificate**  
Issuing Medical Authority, Patan, Gujarat  
**Dr. Rahul Gandhi**  
Reg. No. G-3456  
Assistant Professor Ophthalmic Dept  
GMERS Medical College & Hospital  
Dharpur - Patan



Certificate No.: GJ0310219930006819

Date: 26/03/2018

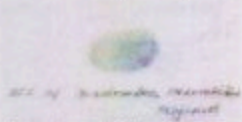
This is to certify that I/We have carefully examined Kum. **Darshanaben Hasmukhbhai Prajapati** Daughter of Shri **Hasmukhbhai** Date of Birth **23/06/1993** Age **24 Year(s)** Female, Registration No. **2403/00000/1802/0900356** resident of House No. **At-patan, kapasiya Vada Same, Ta-patan, dist-patan, Pin Code No.-384265 - 384265** Sub District **Patan** District **Patan** State / UTs **Gujarat** Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Blindness
- (B) The diagnosis in her case is **NOPL, RE - PHTHYSICAL EYE, LE-CORNEAL OPACIETY WITH LOST EYE**

(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Ration Card



Signature / Thumb impression of the Person With Disability

*Patel*

Signatory of notified Medical Authority Member

*Patel*  
**Dr. Rahul Gandhi**  
Reg. No. G-3456  
Assistant Professor Ophthalmic Dept  
GMERS Medical College & Hospital  
Dharpur - Patan



*Patel*

Issuing Medical Authority, Patan, Gujarat

NOT FOR M.L.C. OR COURT USE.

No. VH/ Certi. 294 / 2004

Sir Pratap General Hospital

Himatnagar. Dist. Sabarkantha

O.P.D. NO. 6496

Date : 16/12/2004-2005

Date : 16/12/2004

### VISUALLY HANDICAPPED CERTIFICATE

This is to certify that Shri/Smt./Kum. <sup>Jaswant Kumar</sup> ~~Dhanraj~~ <sup>Hirani</sup> ~~Jaiswal~~

Aged <sup>my 15 yrs</sup> Resident of <sup>Chh. Chandi case</sup> ~~Chh. Chandi case~~ <sup>Ta. Vilgagan</sup> ~~Ta. Vilgagan~~

<sup>Riv. S.K.</sup> ~~Riv. S.K.~~ is examined by me at this hospital

for Visually Handicapped.

[1] Disease <sup>BCS - total Albinism & Nyctagmus</sup> ~~BCS - total Albinism & Nyctagmus~~

[2] Defermity & Disability / Handicapped <sup>Vic / Int</sup> ~~Vic / Int~~ <sup>NIGPH</sup> ~~NIGPH~~

[3] Percentage <sup>100% (Hundred)</sup> ~~100% (Hundred)~~

The Person is / is not disable Handicapped.

5012  
6903



*[Signature]*  
Chief Dist. General Officer,  
Gen. Civil Surgeon,  
Sir Pratap General Hospital,  
Himatnagar.

*[Signature]*  
Ophthalm. Specialist C-4  
Sr. P. O. Hospital, Himatnagar

*[Signature]*  
District  
Sir Pratap General Hospital  
Himatnagar



**Disability Certificate Form-IV**  
(In cases other than those mentioned in Forms II and III)  
Health and Family Welfare Department, Govt. of Gujarat



Certificate No.: 170886

Date: 06/10/2015

This is to certify that I have carefully examined

Shri/Smt./Kum. હીના નાથલson/wife/daughter of Shri કેતકીશ્વરDate of Birth (DD / MM / YYYY) 22/04/1991 Age 24 Year(s) FemaleRegistration No. VDR/15/01082460Address g-5,krishna darshan flats, nr.nutan school new sama road, Vadodara Mun. Corpor, VADODARA, VADODARAwhose photograph is affixed above, and am satisfied that he/she is a case of Blindness disability.

His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified), and shown against the relevant disability in the table below:-

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Blindness	Both Eye	1) Right eye total leucomatous corneal opacity Left eye phthisis bulbi	100 (One Hundred)

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

3. Reassessment of disability is: Not Necessary

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

Nature of Document	Date of issue	Details of authority issuing certificate
Certificate	06/10/2015	Ophthalmology

Undertaking: I hereby declare that all the personal information stated above are true to the best of my knowledge and belief. I further state that I have not availed any other disability certificate from the health department, if in case any inaccuracy is detected on my part, I shall be liable to forfeiture of any benefits derived and other action as per law.

Signature/ Thumb impression in whose favour disability certificate is issued

Dr. S. S. GANVIT  
(Authorised Signatory of notified Medical Authority)

Assistant Professor  
Ophthalmology Department  
S.S.G. Hospital & Medical College  
Vadodara

(Countersignature 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))

M & J Western Regional Institute of Ophthalmology  
(Eye Hospital)

CIVIL HOSPITAL, AHMEDABAD-16.

Form-IV

Disability Certificate

In cases other than those mentioned in Forms I and II)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY

ISSUING THE CERTIFICATE)

(See rule 4)

NOT VALID FOR ANY COURT PURPOSE



Certificate No. B-962

Date: 1/10/2014

PTA No. 29430

This is to certify that I have carefully examined Sri/Smt./Kum. Cajal mini vijaykumar

Son/daughter of Sri Vijaykumar Cajal Date of Birth (DD/MM/YY) 12/03/1988

Age 28 years, male/female Registration No. 29430 Permanent resident

of House No. 1004 Ward/Village/Street 1077004, Panchajanya Post Office Hemnagar

District Ahmedabad State Gujarat, whose photograph is affixed above, and am

satisfied that he/she is a case of BE disability. Higher 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:

Sl. No.	Disability	Affected part of Body	Diagnosis	Permanent Physical impairment/ mental disability (in %)
1	Locomotor disability	0		
2	Low vision	#	VISION	CF 2m E = 10.0 DCPH
3	Blindness	Both Eyes		CF 2m E = 9.82 DCPH
4	Hearing impairment	E		CF 2m E = 2.0 DCPH
5	Mental retardation	X	A (BE) High myopia	(100)
6	Mental illness	X	Glaucoma treated right eye	

(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

(ii) is recommended after 5 years — months, and therefore this certificate shall be valid till

(DDMM/YY) = 10/2019

0 - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

E - e.g. left/right/both ears

"Bharati - Bharati"