

2016-17

C. No. 7643

Date 12/1/16

# OFFICE OF THE CHIEF MEDICAL OFFICER SRINAGAR CERTIFICATE

This is to certified that Shri/Smt. Mohammad Asif -  
S/o Mohammad Sultan Wani  
R/o Pengpora Noorbagh Srinagar  
Whose particulars are furnished below is handicapped mentally retarded / physically  
orthopaedically handicapped / paraplegic / toly deaf dumb person / completely blind Person



M.D. Health Service  
Reg. No. 219

### Particulars of Handicapped Person / Patient

1. Age..... 22 yrs - male
2. Person identification mark..... Mole on anterior neck
3. Nature of Handicap..... Residual left infantile hemip
4. Cause of loss in functional..... working / locomotor disability
5. % Age of Handicapped..... 50% (fifty percent)
6. Permanent Disability..... permanent
7. Signature of left / right thumb impression of person / patient..... *[Signature]*

Signature of Dr. Najesh Doshi  
M.D. (Internal Med.)  
J&K Health Services  
Reg. No. 219

*[Signature]*  
Dr. Najesh Doshi  
Member

*[Signature]*  
Chief Medical Officer  
J&K MEDICAL



for 2017-18.

<sup>15</sup> Candidates including with O.S.J./S.N. Category Certificates of

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

Form - I - A  
**Disability Certificate**



Certificate No: CMO/Kup/DMB/2016-17/ 1459

Dated :- 2 / 2 / 2017



This is certified that we have carefully examined Mr /Miss/Mrs Aliya Who has applied for Consultant (Ophthalmology) Member District Medical Board Kupwara vide application dated 12/12/2016 and whose photograph is attached above, and are satisfied that

1. 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	Affected part of body	Diagnosis	Permanent/ Temporary Disability in %age
1.	Blindness		<u>High Myopia</u>	<u>= 50% = = Fifty = = percent = = only =</u>
2.	<input checked="" type="checkbox"/> Low vision			
3.	Leprosy cured			
4.	Hearing impairment			
5.	Locomotive			
6.	Mental retardation			
7.	any other (Specified in Act)			

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

[Signature]  
Sr. Consultant (Medicine)  
Member District Medical Board  
Kupwara  
District Medical Board Kupwara

[Signature]  
Consultant (Ophtho)  
Member District Medical Board  
Kupwara  
District Medical Board Kupwara

[Signature]  
CONSULTANT PHYCIATEST  
MEMBER DISTRICT MEDICAL BOARD  
KUPWARA  
District Medical Board Kupwara

Aliya  
Thumb Impression of the applicant

[Signature]  
Chairman  
District Medical Board  
Chief Medical Officer  
District Medical Board Kupwara