

Government of Maharashtra
Form-IV

Disability Certificate

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

NAME OF THE HOSPITAL:

District Hospital, Satara
(Maharashtra, India)

Certificate Number: 18529

Date: 31/07/13

This is to certify that I have carefully examined.

Person Identification Number: PIS2700028245

Aadhar Number: N/A

Shri/Smt./Kum: Kamble Pradnyavant Ravindra

Father Name: Shri/Smt./Kum. Ravindra Laxman Kambale

Date of Birth (dd/mm/yyyy): 04/10/1996

Gender: Male

Permanent Address:

House Address: At Phule Nagar Post Wai

Village: Wai

District: Satara.

Age: 16 years

Taluka: Wai

Pincode: 412803

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

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Bil L/L	Spastic Diplegia	79

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:

Ration card

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

Dr. J.M. Patil

Dr. R.S. Jadhav

Dr. Suresh P. Jagdale

Medical Officer (No.)

Additional Civil Surgeon

President of the District Medical Board

District Hospital, Satara.

Member Secretary
District Hospital, Satara.

Regn. No. : 70281

Regn. No. : 52118

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

Note: This is not valid for Medico legal cases.

Home | Forms | Contact Us

Copyright © 2012 Maharashtra Government



सा. मनीषा रविंद्र जाधव
नगरसेवक, वार्ड : १०, भाग : १
विशेष कार्यकारी रुग्णशेखरी
बाई जि. सातारा



Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL

District Hospital, Satara
(Maharashtra - India)

Certificate Number: 4819

Date: 04/02/14

This is to certify that I have carefully examined

Person Identification Number: P152700080393

Aadhar Number: N/A

Shri/Smt./Kum: **Gujar Rutvij Subhash**

Father Name: Shri/Smt./Kum. **Subhash Kisan Gujar**

Date of Birth (dd/mm/yyyy): **29/06/1970**

Gender: **Male**

Permanent Address:

House Address: **At/Post - Wai**

Village: **Wai**

District: **Satara**

Taluka: **Wai**

Pincode: **412803**

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

Disability	Affected Part of Body	Diagnosis	Disability (in %)
Physical Impairment	L.L.L.L.L.L.L.L.	L.T.Hemiparesis	71

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:-

Ration card

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

Dr. J.M. Patil

Medical Officer(Ortho.)
Member

Regn. No. : 70281

Dr. R.S. Jadhav

Resident Medical Officer
Member Secretary

Regn. No. : 65257

Dr. Suresh P. Jagdale

Civil Surgeon
President

Regn. No. : 52118

Member of the Medical Board
Satara.

Member of the Medical Board
Satara.

President of the Medical Board
Satara.

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

Note: This is not valid for Medico Legal cases.

Home | Forms | Contact Us

Copyright © 2012 Maharashtra Government



**RURAL HOSPITAL, WAI, TAL. : WAI, DIST. : SATARA,
WAI - 412 803**

**CERTIFICATE OF THE MEDICAL BOARD FOR PERSONS WITH DISABILITIES
Form-II**

(Not For Compensation Claims)
For general purposes only e.g. employment, special conveyance
Allowance/scholarships for handicapped persons etc.

Nº 000372



Certificate No. : 000372

Date : 04/10/2012

Rohit Bipin Naikwadi

This is to certify that we have carefully examined Shri / Smt. / Kumr. Bipin Seetaram Naikwadi

Son / Wife / daughter of Shri. 92-04-1998 Age 15 years, male / female Registration No. 23564

ADDRESS : 1.9.05 Panwarpet Wai, Dist. Satara

Whose Photograph is affixed above, and am satisfied that :

(A) He/She is case of— Locomotor disability @

Low vision

Blindness

Hearing impairment

Speech impairment

#

Both eyes

Bilateral myopia
with partial optic atrophy
6/60 VA 6/60
no improvement

(Please tick as applicable)

(B) The diagnosis in his / her case is

1) He / She has 50 % (in figure) fifty percent (in words)
permanent / temporary physical impairment / visual impairment / speech impairment and
hearing impairment in relation to his / her

(part of body) as per guidelines (to be specified)

2) The applicant has submitted the following document as a proof of residence

* Ration card * Election commission of India identity card * Bank passbook
* unique identity card * Telephone / Electric bill * Driving license

Note :

- 1) This condition is progressive / non progressive / likely to improve / not likely to improve
- 2) Reassessment is not recommended / is recommended after a period of five months / years
- 3) Audiogram with photograph is attached with certificate

Marks of identification

1) 2) Black mole over left middle finger

Signature / Thumb Impression

Dr. Jadhav MS
Specialist
Ortho/ENT/Ophthal.

Senior Medical Officer

Medical Superintendent
Rural Hospital Wai

Redacted

ORM I

Medical Certificate for Blind Candidate

rtified that, I, Dr. Preetam S. Wagle Registration No. 2005/03/1848 have this
0-2016 day of 19, examined the candidate whose particulars are given below :

1. Name of Candidate : Gandhi SAMRUDDHI SUDARSHAN
2. Father's Name : SUDARSHAN GANDHI
3. Sex : FEMEL
4. Approximate Age : 18 yrs
5. Identification mark : mole on left neck
6. Extent of Residual vision, if any
Right eye 4/60
Left eye 4/60
- 7 Onset of blindness (Please state whether blindness is from birth or acquired later; if it has been caused afterwards, the age and cause of blindness may be indicated).
Birth

(For the purpose of concessions granted to blind candidates; blinds are those who suffer from either of the following :

- a) Total absence of sight :
- b) Visual acuity not exceeding 6/60 or 20/20 (Snellen) in the better eye with correcting lenses. Limitation of the field of vision sub standing an angle of 20 degrees or worse).
8. Please state clearly whether the candidate is blind who can be considered for the purpose of giving concession, granted by the Board to blind candidates.

75% blind (visual disability)
(seventy five)
certificate no - 934
Issued on 30.11.2006

S.S. Gandhi

Signature of Applicant

Place: WAI

Date: 6-10-2016



(Signature of Ophthalmologist)

Designation: Ophthalmic Surgeon

Office Stamp: General Hospital Sion

Address :

rtified that, I, Dr. Pratima S. Wagle, Registration No. 2005/0310 have this
day of 19 2016, examined the candidate whose particulars are given below :

1. Name of Candidate : Gandhi, SAMRUDDHI SUDARSHAN
2. Father's Name : SUDARSHAN GANDHI
3. Sex : FEMEL
4. Approximate Age : 18 yrs
5. Identification mark : mole on left neck
6. Extent of Residual vision, if any

Right eye 4/60
Left eye 4/60

- 7 Onset of blindness (Please state whether blindness is from birth or acquired later; if it has been caused afterwards, the age and cause of blindness may be indicated).

Birth

(For the purpose of concessions granted to blind candidates; blinds are those who suffer from either of the following :

75% blind (visual disability)
(seventy five)
certificate no - 934
Issued on 30.11.2006

- a) Total absence of sight :
b) Visual acuity not exceeding 6/60 or 20/20 (Snellen) in the better eye with correcting lenses. Limitation of the field of vision sub standing an angle of 20 degrees or worse).
8. Please state clearly whether the candidate is blind who can be considered for the purpose of giving concession, granted by the Board to blind candidates.

S. S. Gandhi

Signature of Applicant

Place: WAI

Date: 6-10-2016



(Signature of Ophthalmologist)

Designation: Ophthalmic Surgeon

Office Stamp: General Hospital Solare

Address :

RURAL HOSPITAL, WAI, TAL.: WAI, DIST.: SATARA, WAI - 412 803

CERTIFICATE OF THE MEDICAL BOARD FOR PERSONS WITH DISABILITIES Form-II

Not For Compensation Claims)
for general purposes only e.g. employment, special conveyance
allowance / scholarships for handicapped persons etc.

No 000308



Certificate No.: 000308

Date: 05/08/2011

This is to certify that we have carefully examined Shri./Smt./Kum. Harshado Balu Haribhau Wadkar

Son/Wife/Daughter of Shri. Balu Haribhau Wadkar
Date of Birth (DD/MM/YY) 14/04/1999 Age 12 years, male/female Registration No. 14656

ADDRESS: Vayagan, Tal. Wai, Dist. Satara

Whose Photograph is affixed above, and am satisfied that:

(A) He/She is case of— Locomotor disability @

- ☐ Low vision
☒ Blindness
☐ Hearing impairment
☐ Speech impairment

(Please tick as applicable)

(B) The diagnosis in his / her case is

1) He / She has 75 % (in figure) Seventy five percent (in words)

permanent / temporary physical impairment / visual impairment / speech impairment and
hearing impairment in relation to his / her

(part of body) as per guidelines (to be specified)

2) The applicant has submitted the following document as a proof of residence

- ☒ Ration card * Election commission of India identity card * Bank passbook
* unique identity card * Telephone / Electric bill * Driving license

Note:

- 1) This condition is progressive / not progressive / likely to improve / not likely to improve
- 2) Reassessment is not recommended / is recommended after a period of — months / years
- 3) Audiogram with photograph is attached with certificate

Marks of identification

- 1) _____
- 2) _____

Signature / Thumb Impression

Specialist

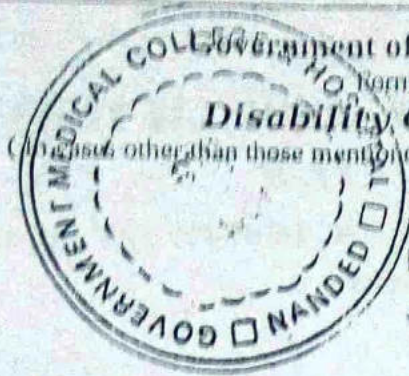
Ortho/ENT/Ophthalmologist
Dist. Satara

Senior Medical Officer

Medical Officer (Grade A)

Rural Hospital, Wai, Dist. Satara

Medical Superintendent
Rural Hospital, Wai



Government of Maharashtra

Form-IV

Disability Certificate

(For cases other than those mentioned in Forms I and III) (See rule 4)

मात्रक क्र. / डा. क्र. / दिवस / 431116

केन्द्रगत चिकित्सा शास्त्र विभाग
शासकीय वैद्यकीय महाविद्यालय, नंदेड

दिनांक - 2-6-1916



NAME OF THE HOSPITAL:

Dr Shankarrao Chavan Government Medical College, Nanded
(Maharashtra, India)

Certificate Number: 327486

Date: 15/09/2016

This is to certify that I have carefully examined.

Person Identification Number: VIS1100453761

Aadhar Number: N/A

Shri/Smt./Kum: HINGMIRE YOGESH SUDAM CHAYABAI

Father Name: Shri/Smt./Kum. SUDAM

Date of Birth (dd/mm/yyyy):

Age: 20 years

Gender: Male

Permanent Address:

House Address: sugaon

Village: Sugaon

Taluka: Nanded

District: Nanded

Pincode: 431602

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

Disability	Affected part of Body	Diagnosis	Disability (in %)
Visual Impairment	Both Eyes	RE CORNEAL OPACITY LE ASTIGMATISM	40 ~ [FORTY]

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

Dr Anil Raut

Associate Professor Ophthalmology

Member

Regn. No. : 65373

Dr Pradeep Bodke

Deputy Superintendent

Member Secretary

Regn. No. : 2005/01/0440

Dr Y H Chavan

Medical Superintendent

President

Regn. No. : 60659

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

Notarized by Notary Public / Medico Legal Officer.

M. S. (Ophthalmology)

Reg. No. 65373

ASSO. PROFESSOR,

Dept. of Ophthalmology

Govt. Medical College, Nanded

Dr. Medical Superintendent

Dr. Shankarrao Chavan Govt. Medical

College & Hospital, Vishnupuri Nanded

Chairperson & Or.

Medical Superintendent

Dr. Shankarrao Chavan Govt. Medical

College & Hospital, Nanded

Government of Maharashtra Disability Certificate

No. 158382



Government of Maharashtra
Software for Assessment of Disability, Maharashtra (SADMI)
Social Justice and Social Assistance Department, Public Health Department, Directorate of Medical Education and Research

Print Log Out

Government of Maharashtra
Form-II
Disability Certificate
(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)
(See rule 4)

NAME OF THE HOSPITAL: District Hospital, Satara
(Maharashtra, India)

Certificate Number: 188099 Date: 08/07/2015

This is to certify that I have carefully examined
Person Identification Number: ITS2700266293
Aadhar Number: N/A
Shri/Smt/Kum: JADHAV SANJAY BALU VIJAYA
Father Name: Shri/Smt/Kum: BALU DADU JADHAV
Date of Birth (dd/mm/yyyy): 23/10/1998 Age: 16 years
Gender: Male

Permanent Address:
House Address: AlPost, Parolavadi
Village:
District: Satara Taluka: Wal
Pincode: 412803

I am satisfied that:
(a) He/She is a case of Visual Impairment
(b) The diagnosis in his/her case is both eyes microphthalmus
(c) The degree of impairment is One Hundred percentage (in words) Permanent in relation Visual Impairment
2. Reassessment of disability is as per guidelines (to be specified)
The applicant has submitted following documents as proof:
Aadhar Card, Ration card
The applicant has submitted following documents as proof of Identity:
Aadhar Card

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

Dr. N.D. Chitambar
Ophthalmic Surgeon Class-I
Member of the Medical Board
Regn. No. 29450

Dr. U.R. Mane
Additional Civil Surgeon
Member Secretary
Regn. No. 60174

Dr. Suresh P. Jagdale
Civil Surgeon
President of the Medical Board
Regn. No. 32118

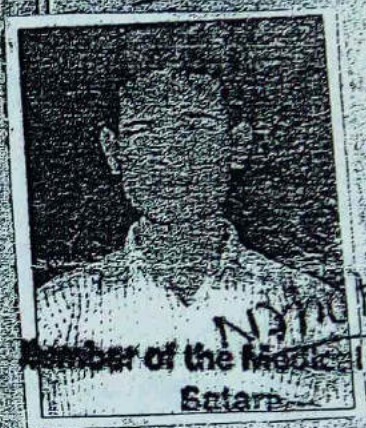
Signature/Thumb impression of the person in whose favour disability certificate is issued:
Note: This is not valid for Medico Legal cases

Home | Forms | Contact Us

Copyright © 2015 MahaFittera Corporation
Maintained by ManaOnline



Boha



Member of the Medical Board
Satara



महाराष्ट्र शासन



Government of Maharashtra Disability Certificate



No. 160192

Government of Maharashtra
Form-IV
Disability Certificate
(In cases other than those mentioned in Forms II and III) (See rule 4)

NAME OF THE HOSPITAL: *District Hospital, Satara*
(Maharashtra, India)

Certificate Number: 265297 Date: 09/03/2016

This is to certify that I have carefully examined
Person Identification Number: *PIS2700372043*
Aadhar Number: N/A
Shri/Smt./Kum: *PISAL POOJA (SONALI) DATTATRAY SUNITA*
Father Name: *Shri/Smt./Kum. DATTATRAY SAMPAT PISAL*
Date of Birth (dd/mm/yyyy): *29/10/1999* Age: *16 years*
Gender: *Female*
Permanent Address:
House Address: *AT POST VJAYAWADI*
Village: *Vyajawadi* Taluka: *Wal*
District: *Satara* Pncode: *412803*

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

Disability	Affected part of Body	Diagnosis	Disability (in %)
<i>Physical Impairment</i>	<i>RL L/L</i>	<i>Post Polio Residual Paralysis (PPRP) n. L/L</i>	<i>51</i>

1. The Above condition is *Permanent, non-progressive, not likely to improve*
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: *Aadhar Card, Ration card*
4. The applicant has submitted following documents as proof of Identity: *Aadhar Card*

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

Dr. Manoj M. Kawade
Orthopedic Surgeon
Regn. No. 2010-03-0417

Dr. U.P. Mane
Additional Civil Surgeon
Member of the Medical Board
Regn. No. 60174

Dr. Shrikant D. Bhoi
Civil Surgeon
President of the Medical Board
Regn. No. 50858

Signature/Thumb impression of the person whose favour disability certificate is issued
Note: This is not valid for Medico Legal cases.

Member of the Medical Board
Satara.

Member of the Medical Board
Satara.

President of the Medical Board
Satara.



RURAL HOSPITAL, WAI, TAL. : WAI, DIST. : SATARA WAI - 412 803

CERTIFICATE OF THE MEDICAL BOARD FOR PERSONS WITH DISABILITY Form-II

(Not For Compensation Claims)
For general purposes only e.g. employment, special conveyance
Allowance / scholarships for handicapped persons etc.

No 000074



Certificate No. : 000074

Date : 22-07-2011

This is to certify that we have carefully examined Shri. / Smt. / Kum. Pruthviraj Uma Pruthviraj Nikam
Son / Wife / daughter of Shri. Pruthviraj Pruthviraj Nikam
Date of Birth (DD / MM / YY) 20.12.1999 Age 12 years, male / female Registration No.
ADDRESS : A. Nikamwadi, Post: Jamb, Tal. Wai

Whose Photograph is affixed above, and am satisfied that :

(A) He/She is case of— Locomotor disability @

Low vision

Blindness

Hearing impairment

Speech impairment

Both eyes

V/A L616
NO PL

Left-eye traumatic corneal opacity
Right eye normal

(Please tick as applicable)

(B) The diagnosis in his / her case is

1) He / She has 30% (in figure) Blind percent (in words)
☒ permanent / temporary physical impairment / visual impairment / speech impairment and
hearing impairment in relation to his / her

(part of body) as per guidelines (to be specified)

2) The applicant has submitted the following document as a proof of residence

* Ration card * Election commission of India identity card * Bank passbook
* unique identity card * Telephone / Electric bill * Driving license

Note :

- 1) This condition is progressive / non progressive / likely to improve / not likely to improve
- 2) Reassessment is not recommended / is recommended after a period of months / years
- 3) Audiogram with photograph is attached with certificate

Marks of identification

1) Black mole over right side of face 2)

Signature Thumb Impression

Dr. Jashwanth M. S.
Specialist

Ortho / ENT / Ophthal.
Rural Hospital, Wai, Dist. Satara

Senior Medical Officer
Medical Officer (Grade A)
Rural Hospital, Wai, Dist. Satara

Medical Superintendent
Medical Superintendent
Rural Hospital, Wai