FORM-IV

DISABILITY CERTIFICATE

# DISTRICT HOSPITAL, BAGALKOT.

## NAVANAGAR, BAGALKOT.

Dr. Vijay.R.Kanthi
Orthopedic Surgeon
District Hospital, BAGALKOT.
Reg. No. 48438

Certificate No. 2564

This is to certify that I Have Carefully examined Shri/Smt. Sivukumar Kathiman aged 25 so

wife /Daughter of Shri Kanakappa Date of

ofBirth 9-12-93 (DD/MM/YY) Age 25 year, male/female male

RegistrationNo 800 Ward/Village/Street Bagalkot

Bagalkot postoffice/District/state Karnataka

Whose photograph is affixed above and I am satisfied that He/ She is a case of Disability.

His/ Her extent of percentage physical impairment /disability has been evaluated as is shown against the relevant disability in the table below:

| Si No | Disability | Affected Part of the Body | Diagnosis | Permanent physical Impairment mental Disability (In %) |
|---|---|---|---|---|
| 01 | Loco motor disability | @ | Rt Ankle | 40%. |
| 02 | Low Vision | # | Contracture | Forty only |
| 03 | Blindness | Both Eyes | | |
| 04 | Hearing Impairment | | | |
| 05 | Mental Retardation | X | | |
| 06 | Mental illness | X | | |

( Please strike out the disability which are not applicable )

2) THIS 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 2 year month and therefore this certificate shall be valid For 14/3/20 (DD/MM/YY)

4) The applicant has submitted the following documents as proof of residence:

| Nature of Documents | Date of Issue | Detail of authority issuing Certificate |
|---|---|---|
| Aadhaar Card 5108 1795 8499 | 5/9/14 | Govt of India |

Signature/Thumb impression of the Person I whose Favor disability Certificate is issued

District Hospital Navanagar BAGALKOT Dt.....

Dr: Vijay.R. Kanthi 14/3/18
Orthopedic Surgeon
District Hospital, BAGALKOT
Reg. No. 48438

CONSULTANT / SPECIALIST WITH NAME

I/C RMO
SENIOR D.H. Navanagar BAGALKOT
SPECIALIST WITH NAME

CHAIRMAN
DISTRICT SURG