



Defferently Abled



**Government
Brennen College**

Dharmadam, Thalassery

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Student ID / Medical Certificate

	GOVERNMENT OF KERALA SOCIAL WELFARE DEPARTMENT IDENTITY CARD FOR PERSONS WITH DISABILITIES	
വികലാംഗർക്കുള്ള തിരിച്ചറിയൽ കാർഡ്		
No:	KZE VI 260113	
Date of issue	27-10-2010	
Name	Aswathi. P.S	
പേര്	Aswathi. P.S	
Date Of Birth	23-12-1998	
Valid Upto	10 yrs.	
Percentage of Disability :	100 %	
Nature of Disability	VI, Visual Impairment	
Signature of Card Holder		Signature of Issuing Authority

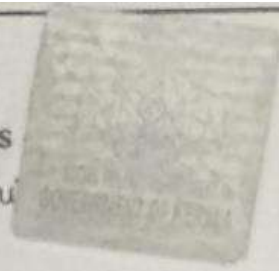
Address:	Paramottanmal (H), Kappatumala po, Thalapuzha via
Gender	Female
Blood Group	A +ve
Identification:	Black mole right cheek.
2.	
Instructions. The holder of the identity card for person with disabilities is eligible to claim concession/benefits provided by Central Government/State Government/Statutory Bodies and other local authorities in accordance with the Act/Rule/Instruction issued by these authorities from time to time. Whoever, fraudulently avails or attempts to avail any benefits meant for persons with disabilities shall be punishable with imprisonment for the term which may extend to two years or with fine which may extend to twenty thousand rupees or with both.	
വികലാംഗർക്കുള്ള തിരിച്ചറിയൽ കാർഡ് ലഭിക്കുന്നവർ 18 വയസിൽ താഴെയുള്ളവരാണെങ്കിൽ അവർ 18 വയസ്സ് പൂർത്തിയാകുമ്പോൾ കാർഡ് പുതുക്കേണ്ടതാണ്	



GOVERNMENT OF KERALA

SOCIAL WELFARE DEPARTMENT
IDENTITY CARD FOR PERSONS WITH DISABILITIES

വികലാംഗർക്കുള്ള തിരിച്ചറിയൽ കാർഡ്



No: KNR LD00770008

Date of issue 20-11-2010

Name Sarang V

നാമം സാരംഗ് വി

Date Of Birth 11 Years

Valid Upto Permanent

Percentage of Disability : 70 %

Nature of Disability LD, Loco-motor Disability



Signature of Card Holder

Signature of Issuing Authority

GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH SERVICES
MEDICAL BOARD CONSTITUTED BY DISTRICT MEDICAL OFFICER
 (Constituted as per GO (p) No.202/2009/H&FWD Dtd. 26-06-09)

Appl: No. **198451**

Date: **4-9-2010**

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer **WAYANAD** / superintendent, Medical college Hospital, examined ~~She~~/ ~~San~~/Kumari/

Master **ASWATHY P.S., PARAMDI TAMMEL (CH.) KAPPATTUMALA P.O.**

..... **THALAPUZZHA** (name and Address of the applicant) aged // yrs

on **4-9-2010** (date). He / She is having **100** % (..... **hundred percent** -

in words) of Permanent / Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation /

Mental Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to

his/her: **Right Anophthalmia, left eye - microcornea, Chronic con**

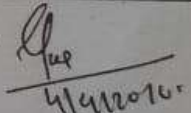
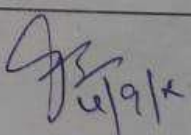

1. This disability is classified as * mild / moderate / severe / **profound** / total. **Deafness**

2. This condition is * progressive / likely to improve / not likely to improve.

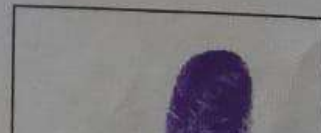
3. Reassessment is * not recommended / recommended after a period of **10 years**

* Strike out which ever is not applicable

Identification marks of the applicant. 1. **Black mole Rt. cheek**
 2. **Black mole below left earlobe**

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. SHIJI E. JOB M.B.B.S., D.O Ophthalmologist, Asst. Surgeon Reg. No. 34969	 4/9/2010
2	Doctor 2	Dr. K. Suresh ASSISTANT SURGEON DISTRICT HOSPITAL MANANTHAVADY	 4/9/10
3	Chairman	Dr. K.V. RAJAN DLO MS ENT Reg. No:18050 Civil Surgeon D.H. Mananth...	 09/09/10

Signature / Thumb impression of patient.



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