

Form - II
OFFICE OF THE CHIEF MEDICAL OFFICER, JHANSI
DISABILITY CERTIFICATE
 (In cases of amputation or complete permanent paralysis of limbs
 and in cases of blindness
 (See Rule-5)

Shrenikdesh No. UP Govt. Viklangan Vikas smutnag - 3 No. 51966-3-201-96locknowdare-3/9/2014

Certificate No. **3467**

Date **22-7-19**



This is to certify that We have carefully Examined

Shri/Smt/Kum. **Shivani Bhasmey**

Son/Wife/Daughter of Shri **Kamal Kishan Bhasmey**

Date of Birth **4-8-1998 (21)** years, Male/Female **Female**
 (DD/MM/YY)

Registration No. _____ Permanent Resident of

House No. **248 Khushipura** Ward/Villages/Street **Jhansi**

Post Office **P/S Nawabad** District **Jhansi** State **(U.P.)**

Whose Photograph is affixed above, and are satisfied that:

A he/she is a case of (Please tick as applicable)

- Locomot or disability
- blindness

(Please tick as applicable)

B the diagnosis in his/her case is

A Heribanshi foot

C He/She has **40%**

& (in figure) **farty**

Percent

(in words) permanent physical impairment/blindness in relation to his/her

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

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

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|-----------------------------------|---------------|--|
| Adhar No. 7885 75393659 | - | Gogal Prasad 22-7-19 |

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

EYE Specialist (Member)

Orthopedic Surgeon (Member)

Signature and Seal of Authorised Signatory of notified Medical Authority

**मुख्य चिकित्सा अधिकारी
झंसी**

- Qualification Experiences in
- (a) the manipulation of pharmaceutical apparatus in common use,
 - (b) the recognition by sensory characters of chief crude drugs & chemical substances in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of