

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that ~~Sri/Smt~~ / Kum Akshya
 Son / ~~Wife~~ / Daughter of Sri Umash Age _____
54 old, male / female, registration No. _____ in a
 case of Multiple Congenital Contracture with calcaneovalgus
Bilateral knee Contracture
 He / ~~She~~ is physically disabled / ~~Visual disabled / speech & hearing disabled~~
 and has 75 % (Seventy five percent) permanent (Physical
 impairment / ~~visual impairment speech and hearing impairment~~) in relation to
 his / her locomotion

Note :

- 1) This condition is progressive / non progressive likely to improve / not likely to improve.
- 2) Re assessment is not recommended / is recommended after a period of _____ months / years.

Strike out which is not applicable



Navya
 DOCTOR
 (Signature)

Uma
 DOCTOR
 (Signature)

Chitra
 DOCTOR
 (Signature)

PRINCIPAL
 DR. B. B. HEGDE FIRST GRADE
 KUNDAPURA - 576 201

Countersigned by the
 Medical Superintendent CMO / Head of
 Hospital (with seal)

Signature / Thumb impression



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA

1705/09-10

ಅಂಗವಿಕಲರ ಗುರುತಿನ ಚೀಟಿ
IDENTITY CARD FOR DISABLED

ಅಂಗವಿಕಲರ ಮತ್ತು ಹಿರಿಯ ನಾಗರಿಕರ ಕಲ್ಯಾಣ
ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.
DIRECTORATE OF WELFARE OF DISABLED
AND SENIOR CITIZENS, BANGALORE

ರಾಜ್ಯ ಮುದ್ರಣಾಲಯ, ವಿಜಯ, ಬೆಂಗಳೂರು-58

698
9-10-2009



PRINCIPAL
B. B. HEGDE FIRST GRADE COLLEGE
KUNDAPURA - 576 201

(ಭಾವಚಿತ್ರವನ್ನು ವೈದ್ಯಕೀಯ ಮಂಡಲಿಯ ಸದಸ್ಯರು ದೃಢೀಕರಿಸಬೇಕು)
(PHOTO TO BE ATTESTED BY THE MEDICAL BOARD MEMBER)