

## DETAILS OF DIFFERENTLY ABLED STUDENTS 2018-19

SL NO	NAME OF STUDENT	UNIQUE DISABILITY ID	TYPE OF DISABILITY	PERCENTAGE OF DISABILITY
1.	AYISHA SABVA.K	108081	B/L CDH,B/L CTEV	60
2.	SAHLA SHERIN.P	MPM/KDY/18/153	Bilateral MODERATLY SEVERE S.N.H.L	58
3.	SAFNA JASMIN.K.P	6106/2015	Bilateral severe sensoring nueral hearing loss	70
4.	SALMA.A	845/03	Bilateral C.T.E.V	50
5.	SHABANA SHAMLA.C	Nil/11/12/2015	Amblyopia,mental retardation	60
6.	FATHIMA MUSHAVIRA M	Nil/7/8/2015	Mental retardation, epilepsy	50
7.	HASANUL ANWAR.A.	Nil/7/8/2015	Mental retardation, epilepsy	60
8.	MOHAMMED ASHIQ. M	25110/2015	Orthopedics	60
9.	NISHAND K	Nil/29/12/11	Rt-Prfound HL,Lf-moderatly severe SNHL	60
10	HAFSA . V.P	91784	Achondroplasia	50
11	THAHA MUBASHIR M.V	1645	B/L A-PHA-KIA GLAULOMATDUS OPTIC ATROPHY (R) >( L)	100
12	ABDUL LATHEEF P	598/04	Mental retardation ,iq 56	45
13	JIJESH. P	5665/12/MR/ODRC	Mental retardation	50
14	LATHIKA . C.M	Nil/22/8/2017	Post enocleanon contracted solicet	40
15	MOHAMMED FARIS.P	108268/10	Pseudophakia,nystagmus	45
16	SUBIN LAL. C	MR/55/2012	Mental retardation	50
17	AREEBA .P.P	Nil/01/11/2011	Squant (left eye),moderate mayopia (left eye)	40
18	MUHAMMED FAIROOZ ALI THANGAL. K. T	402/06	Nystagmus	50
19	HANNATH FATHIMA. C T	111/10	PARTIAL BLINDNES- BOTH EYES	75
20	SAYED YOUSUF THANGAL	873/09	VM<EF 2m,EF2m,Congenital defective vision	100
21	SHAMNA SHERIN	89/2003	Kyphoscoliosis thoracic spine	40

# 1. Aysha sabva

## 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. 108081

Date: 14/7/10

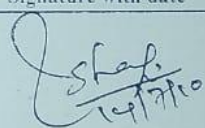
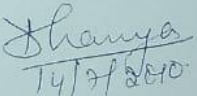
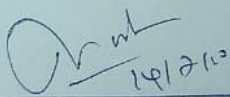
### CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer Malappuram / superintendent, Medical college Hospital, ..... examined Shri/Smt/Kumari/ Master Aysha Sabva K, D/o Majied Koppilan (H), Keedakkeedu Vc Hatbil, Calicut Airport (name and Address of the applicant) aged 110 yrs on 14/7/10 (date). He/She is having 60 % (Sixty only 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 B/L CDH, B/L CTEV (Partially corrected)

1. This disability is classified as \* ~~mild~~ / moderate / severe / ~~profound~~ / total.
2. This condition is \* progressive / ~~likely to improve~~ / not likely to improve.
3. Reassessment is \* not recommended / ~~recommended~~ after a period of ..... \* months / years.

\* Strike out which ever is not applicable

Identification marks of the applicant. 1. ATM on the anterior aspect of nose  
2. ATM on the side of face

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. V.M. MOHAMMED SHAFI MBBS, D.Ortho Reg. No. 32792 Asst Surgeon Taluk Hospital, Tirurangadi	 14/7/10
2	Doctor 2	Dr. P.G. DHANYA MBBS, DLO Reg. No: 25170 (T.C Medical Council) Assistant Surgeon	 14/7/2010
3	Chairman	Dr. S. NAZEEM MBBS, MS, DOMS Reg. No. 10856 Senior Consultant in Ophthalmology District Hospital, Manjeri	 14/7/10

Signature / Thumb impression of patient.



## 2. Shahla sherin

**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)

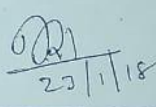

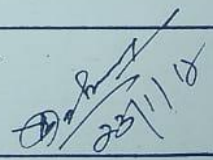
Appl. No. MPM/KDY/18/153 Date: 23-01-2018


**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 ..... / superintendent, Medical college Hospital, ..... examined Shri/Smt/Kumari/ Master SAHALA SHERIN P THANUPPANKANDY HOUSE ..... CHIRAYIL PO ..... (name and Address of the applicant) aged 1.8 yrs on 23-01-2018 (date). He/She is having 58 % (Fifty eight 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 Bil. moderately severe SNHL

1. This disability is classified as \* mild / moderate / severe / profound / total.  
 2. This condition is \* progressive / likely to improve / not likely to improve.  
 3. Reassessment is \* not recommended / recommended after a period of ..... months / years.  
 \* Strike out which ever is not applicable

Identification marks of the applicant. 1. A Bm on the (L) cheek  
 2. \_\_\_\_\_

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. K. MOHAMMED KUTTY MBBS., DLO, Reg. No: 19165 Junior Consultant in ENT Govt. General Hospital MANJERI	 23/1/18
2	Doctor 2	Dr. SHAMEELA. P MBBS, DO, Reg. No: 35807 Junior Consultant (Ophthalmology) District Hospital Nilambur	
3	Chairman	Dr. Mohamed Basheer MBBS D-ORTHO Reg No. 19197 Govt. General Hospital Manjeri	 23/1/18


Signature / Thumb impression of patient. 

### 3. Safna Jasmin.K.P

**DISTRICT MEDICAL BOARD,  
GENERAL HOSPITAL, MANJERI, MALAPPURAM**

V  
6/06  
2015

Date: 16/06/2015



**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

Signature of Candidate

Certified that we the members of the Standing Disability Assessment Board at General Hospital, Manjeri, Malappuram examined Sri. / Smt. Safana Jasmin

Son of / daughter of Abdul Rasheed Aged 15 years

residing at Kannan Cheri Village Pulikkal Taluk Kondal

District Malappuram and found that he / she is Orthopedics / ENT / Psychiatry / Ophthalmic handicapped by Bi lateral Severe Sensor Neural hearing loss

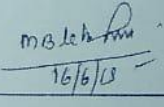
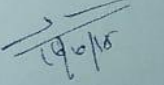

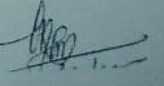
Temporary / Disability is 70 % (words Seventy Percent only) belongs to  The Partial / Permanent /

MILD/MODERATE / SEVERE/TOTAL category.

**Identification Marks :**

1. A Black mole on Centre of forehead
2. A Black mole on right upper Cheek

**BOARD MEMBERS**

Sl. No.	Department	Name, Designation & Reg. No.	Signature
1.	Physiatrist	DR. DADIA LAKSHMI. M. MBBS., DPMR CONSULTANT (PMR) Reg. No. 15787	
2.	Orthopaedician	Dr. SUBEER HUSSAIN. K.V MBBS, D.Ortho, Reg. No. 220716 Consultant in Orthopaedics Govt. General Hospital, Manjeri	
3.	Ophthalmologist	Dr. BIBIN. Mohammed MBBS, MS (Ophth), Reg. No. 30671 Jr. Consultant in Ophthalmology General Hospital, Manjeri	
4.	ENT Surgeon	Dr. K. V. S. S. S. S. MBBS, D. ENT, Reg. No. 220716 Consultant in ENT Govt. General Hospital, Manjeri	

## 4. Salma.A

Date: 9.7.03  
 W. 845/10

Signature

We the members of the Tirurangadi Taluk Disability Board do hereby certify that Sri/Smt. Salma  
D/o Assan, palekal Velappil  
 aged 4 residing at Parambil Peedika village Peruvallur  
Tirurangadi was examined by the Tirurangadi Taluk Disability Assessment  
 Board on this day the 9th of July 2003 and  
 that he/she is having 50% Fifty percentage  
 (.....) of permanent mild/moderate/severe disability due to Bilateral C.T.E.V

**BOARD MEMBERS**

Sl. No.	Name	Designation & Reg.No.	Department	Signature
1	<i>[Faint Name]</i>		Orthopaedics	<i>[Signature]</i>
2	<i>[Faint Name]</i>		PMR <i>efs</i>	<i>[Signature]</i>
3	DR P SURESHAN ASST SURGEON, Reg No 10501		ENT	<i>[Signature]</i>
			Psychiatry	<i>[Signature]</i>
	DR. MAYA MENON M.B.B.S, D.O.M.S. (OPH) EYE SPECIALIST, ASSISTANT SURGEON JOINT TALUK HOSPITAL, TIRURANGADI - 679 108	<i>A/S</i>	Ophthalmology	<i>[Signature]</i>

Chairman of the Board  
*[Signature]*  
 Superintendent  
 Taluk Head Quarters Hospital, Tirurangadi

Tirurangadi

# 5. Shabana shamla.c

**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: \_\_\_\_\_ Date: \_\_\_\_\_

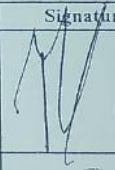
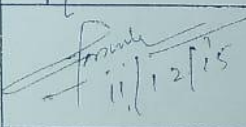
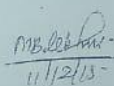
**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**


This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer \_\_\_\_\_ / superintendent, Medical college Hospital, \_\_\_\_\_ examined Shri/Smt/Kumari/Master SHABANA SHAMLA.C SHUNKATH KONDOTTI / P.O (name and Address of the applicant) aged 28.12.1999 yrs on 11.12.15 (date). He/She is having 60 % (Sixty only 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 Ambyopia, mental retardation (IQ=52)

- This disability is classified as \* mild / moderate / severe / profound / total.
- This condition is \* progressive / likely to improve / not likely to improve.
- Reassessment is \* not recommended / recommended after a period of \_\_\_\_\_ months / years.

\* Strike out which ever is not applicable

Identification marks of the applicant. 1. wound mark on left side of ch  
 2. \_\_\_\_\_

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	<b>Dr. MARWA KUNHEEN</b> MBBS, DPM Psychiatrist & Asst. Surgeon	 11/12/15
2	Doctor 2	<b>DR. NASEEM MUBARAKA M.K</b> Reg. No. 20130 Psychiatrist & Asst. Surgeon	 11/12/15
3	Chairman		 11/12/15

Signature / Thumb impression of patient 

# 6. Fathima mushavira M

**GOVERNMENT OF KERALA**  
**DEPARTMENT OF HEALTH SERVICES**  
**MEDICAL BOARD CONSTITUTED BY DISTRICT MEDICAL OFFICER**  
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Appl: No.

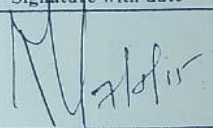
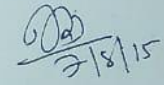
Date: 07.08.2015

## 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 MALAPPURAM / superintendent, Medical college Hospital, ..... examined Shri/Smt/Kumari/ Master FATHIMA MUSHAVIRA M, POOLAM PARAMBATHA KARIPPUR PO (name and Address of the applicant) aged 15 yrs on 07.08.2015 (date). He / She is having 50% % (Fifty only 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 Mental retardation, epilepsy

1. This disability is classified as \* mild / moderate / severe / profound / total.
  2. This condition is \* progressive / likely to improve / not likely to improve.
  3. Reassessment is \* not recommended / recommended after a period of ..... months / years.
- \* Strike out which ever is not applicable

Identification marks of the applicant. 1. BM forehead  
 2. BM left cheek

S1. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	<b>Dr. MARWA KUNHEEN</b> MBBS, DPM Psychiatrist & Asst. Surgeon Reg No. 34941	
2	Doctor 2	<b>Dr. K. MOHAMMED KUTTY</b> MBBS, DLO Reg. NO: 19165 Jr. CONSULTANT IN E.N.T TALUK HEAD QUARTERS HOSPITAL MALAPPURAM	
3	Chairman	<b>CONSULTANT (P.M.C.)</b> Reg. No: 15787	

Signature / Thumb impression of patient.



# 7. Hasanul anwar.A

**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.

Date: 04.08.2015

**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 MALAPPURAM / superintendent, Medical college Hospital, ..... examined Shri/Smt/Kumar/

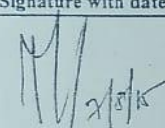
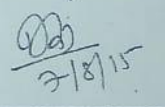

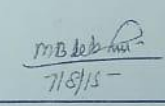
Master HASANUL ANWAR.A, MUNDIVAN KANDI R.O  
K.V. KAVVILUPA (name and Address of the applicant) aged 18 yrs

on 04.08.2015 (date). He / She is having 50% / 60% % (Fifty only / Sixty only 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 Mental retardation (IQ: 48)

1. This disability is classified as \* mild / moderate / severe / profound / total.
  2. This condition is \* progressive / likely to improve / not likely to improve.
  3. Reassessment is \* not recommended / recommended after a period of ..... \* months / years.
- \* Strike out which ever is not applicable

Identification marks of the applicant. 1. BM right forearm  
 2. BM forehead

S1. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. MARYA KUNHEEN MBBS, DPM Psychiatrist & Asst. Surgeon	 2/8/15
2	Doctor 2	Dr. K. MOHAMMED KUTTY MBBS, DLO Reg. NO: 19165 CONSULTANT IN E.N.T TALUK HEAD QUARTERS HOSPITAL MALAPPURAM	 2/8/15
3	Chairman	 Reg. No. 10707	 7/8/15

Signature / Thumb impression of patient.






## 8. MUHAMMED ASHIQ.M


**DISTRICT MEDICAL BOARD,  
GENERAL HOSPITAL, MANJERI, MALAPPURAM**

No. 2916  
2015

Date: 15/10/15



**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

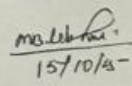
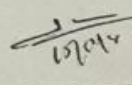

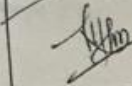

Signature of Candidate 

Certified that we the members of the Standing Disability Assessment Board at General Hospital, Manjeri, Malappuram examined Sri / Smt. Muhammed Ashiq M  
 Son of / daughter of Khadia Aged 15 years  
 residing at Chikkal - 40 Village Chikkal Taluk Kondotty  
 District Malappuram and found that he / she is Orthopedics / ENT / Psychiatry /  
 Ophthalmic handicapped by correct Spinal Cord + weakness of right upper and lower limbs + cervical scoliosis, Atlanto occipital Subluxation with cord compression The Partial / Permanent /  
 Temporary / Disability is 60% (words Sixty percentage) belongs to  
**MILD/MODERATE / SEVERE/TOTAL** category.


**Identification Marks :**

1. A black mole on the right arm
2. A black mole on the left side of the face

**BOARD MEMBERS**

Sl. No.	Department	Name, Designation & Reg. No.	Signature
1.	Physiatrist		
2.	Orthopaedician	DR. SUBEEN MOHAMMED MBBS, D.Ortho, Reg. No: 20714 Consultant Orthopaedician PSMST Manjeri, Malappuram Hospital Manjeri	
3.	Ophthalmologist	Dr. BILAL Mohammed MBBS, MS (Ophth), Reg. No. 30671 Jr. Consultant, Ophthalmology General Hospital Manjeri	
4.	ENT Surgeon	DR. K. MOJDEENKUTTY MBBS, M.S (ENT) Consultant, Reg. No. 18157 General Hospital Manjeri	
5.	Psychiatrist	DR. ABHINAV K. MATHURAN MBBS, MD (Psychiatry) Reg. No : 21519 Junior Consultant Govt. General Hospital	

MILD	- Less than 40%
MODERATE	- 40% and above
SEVERE	- 75% and above
TOTAL	- 100% Profound



**Chairman**  
(Superintendent)  
Superintendent  
Penakad Sree Muneerul  
Sriharipuram  
2nd General Hospital, MANJERI

# 9. Nishand.K

**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. \_\_\_\_\_ Date: 29/12/11

**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 malappuram / superintendent, Medical college Hospital, \_\_\_\_\_ examined Shri/Smt/Kumari/ Master NISA NISHAND.K s/o. Neelakandan (name and Address of the applicant) aged 69 yrs on 29/12/11 (date). He / She is having 69 % (Sixty nine 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 (RT) profound HL; (L) moderately severe SNHL.

- This disability is classified as \* mild / moderate / severe / profound / total.
- This condition is \* progressive / likely to improve / not likely to improve.
- Reassessment is \* not recommended / recommended after a period of 5 months / years.

\* Strike out which ever is not applicable

Identification marks of the applicant. 1. A B on the (RT) cheek in front edge  
 2. A B on the (RH) side of upper chest

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	<b>Dr. K. MOHAMMED KUTUB</b> MBBS, DLU Reg. No: 19165 Jr. CONSULTANT IN E.N.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM	 29/12/2011
2	Doctor 2	<b>Dr. MARWA KUNHEEN</b> MBBS, DPM Psychiatrist & Asst. Surgeon Reg No. 34941	
3	Chairman	<b>Dr. A. MOHAMED BASHEER</b> M.B.B.S, D-ORTHO, REG. NO. 19197 CONSULTANT IN ORTHOPAEDICS DIST. HOSPITAL MANJERI	

Signature / Thumb impression of patient.

# 10. Hafsa.VP

**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. 91784 Date: 20/4/10


**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 MALAPPURAM / superintendent, Medical college Hospital, ..... examined Shri/Smt/Kumari/ Master HAFSA V.P. KODAKHADE HOUSE KOTTUKHARA P.O. KONDOTTI (name and Address of the applicant) aged 45 yrs on 20/4/10 (date). He/ She is having 50 % Fifty only 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 Achromblyosis

1. This disability is classified as \* ~~mild~~ / ~~moderate~~ / ~~severe~~ / ~~profound~~ / ~~total~~.  
 2. This condition is \* ~~progressive~~ / ~~likely to improve~~ / not likely to improve.  
 3. Reassessment is \* ~~not recommended~~ / recommended after a period of ..... months / years.  
 + Strike out which ever is not applicable

Identification marks of the applicant. 1. ABM on (L) fore arm  
 2. ABM on (R) heel

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	<u>DR. SHAFI</u> Asst. Surgeon, Govt. Hospital, Tirurangadi	<u>[Signature]</u> 20/4/10
2	Doctor 2	<u>DR. MAYA MENON</u> M.B.B.S, D.O.M.S. (OPH) EYE SPECIALIST, ASSISTANT SURGEON GOVT. TALUK HOSPITAL, TIRURANGADI - 676 306	<u>[Signature]</u> 20/4/10
3	Chairman	<u>DR. A.M. MOHAMMED ALIAS KUNHAVUTTY</u> Bsc. MBBS- DLO (ENT) Civil Surgeon-Health Service Deptt Kerala MEDICAL OFFICER DPHC, MEDUVA-MALAPPURAM (DI)	<u>[Signature]</u> 20/4/10

Signature / Thumb impression of patient. 

# 11. THAHA MUBASHIR

**PROCEEDINGS OF THE MEDICAL BOARD MEDICAL COLLEGE HOSPITAL,  
CALICUT**

**Certificate of Permanent Disability**

(As per G.O.(P) No. 161/97 H & FWD Date 15-5-97 & G.O.(P) No. 13/2000 Social Welfare (A) department dt. 19-6-2000)

No.: **1645**

Signature /Thumb Implementation  
of the Patient

Sri./Smt. **THAHA MUBASHIR** M.V S/o, D/o **LUKEMANUL HAKKEM** EM  
aged **17** (Male/Female) Address **MUNDAKKAVALAPPIL (1st) KARIPPUK**  
**P.O. MALAPPURAM** Whose signature is given above,  
has been examined to day by the Medical Board and we find that he/she is suffering from **BIL. APHAKIA**  
**GLAUCOMATOUS OPTIC ATROPHY (R) & (L) V.N.T.P.H - C.F.C.F**  
**field of vn < 10° (L.E)** **6/36**  
and hence he/she is locomotor / visually/speech and hearing/Mentally/Multiple Handicapped and the result-  
ant permanent/Partial disability assessed to be **100% HUNDRED** percent and comes  
under the category **PROFOUND** (mild/moderate/sever/profound)

1) Specialists in Orthopaedics *[Signature]*

2) Specialists in Physical Medicine and Rehabilitation *[Signature]*

3) Specialists in Ophthalmology *[Signature]*

4) Specialists in ENT *[Signature]*

**Dr. Sandhya. S**  
MBBS, MS, DO  
Assistant Professor, Reg.No:32320  
Dept. of Ophthalmology  
Govt Medical College, Kozhikode

**Dr. SURENDRAN. K. M.**  
MBBS, D.L.O, MS (E.N.T)  
E.N.T. SURGEON  
ASSOCIATE PROFESSOR  
GOVT. MEDICAL COLLEGE, CALICUT

5) Specialist in Psychiatry *[Signature]*  
**Dr. Anil K. Iyannur**  
Dist. Prof. Psychiatry

Identification Marks

1. **BM LT HAND AT ROOT OF THUMB**


2. **BM RT HAND ROOT OF THUMB**

Calicut - 8  
Dated: **17/12/13**

**Chairman of Medical Board Superintendent  
Medical College Hospital  
Calicut - 8**

## 12. Abdul latheef.P


**DISTRICT MEDICAL BOARD,  
DISTRICT HOSPITAL, MANJERI, MALAPPURAM**



MANJERI

No. 598/09 Date 6/5/09

**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

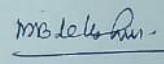
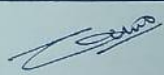
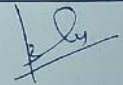

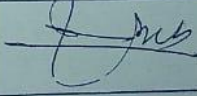
Signature of Candidate 

Certified that We the members of the Standing Disability Assessment Board at District Hospital, Manjeri, Malappuram examined Sri/Smt. ABDUL LATHEEF  
 Son of/daughter of Muhammed, Chavathoch (W), Munkulum Aged 11 years  
 residing at Muthappuram PO Village Ermaudy Taluk Ermaudy  
 District Malappuram and found that he/she is Orthopedics/ENT/Psychiatry/  
 Ophthalmic handicapped by Mental Retardation 12.5%  
 The Partial/Permanent/  
 Temporary/Disability is 12.5% (words Twelve Percent) belongs to  
MILD/MODERATE/SEVERE/TOTAL category.

**Identification marks:**

1. A black mole on the middle of forehead
2. A black mole on the back side of neck.

**BOARD MEMBERS**

Sl No.	Department	Name, Designation & Reg. No.	Signature
1.	Physiatrist	<u>Dr. Bagyalakshmin</u> MBBS, D.Ortho District Hospital, Manjeri	
2.	Orthopaedician	<u>Dr. Moideenkutty Ullath</u> MBBS, D.Ortho District Hospital, Manjeri	
3.	Ophthalmologist	<u>Dr. Bineli A.</u> ASSISTANT SURGEON District Hospital, Manjeri	
4.	ENT Surgeon	<u>Dr. Moideenkutty -le - ly</u> ASSISTANT SURGEON District Hospital, Manjeri	
5.	Psychiatrist	<u>Dr. Kunhalan Kozhussain</u> ASSISTANT SURGEON District Hospital, Manjeri	

# 13. JIJESH. P

INGS OF THE MEDICAL BOARD MEDICAL COLLEGE HOSPITAL,  
CALICUT

## Certificate of Permanent Disability

(As per G.O.(P) No. 181/97 H & FWD Date 15-5-97 & G.O.(P) No. 13/2000 Social Welfare (A) department dt. 19-6-2000)

No.: 660

Signature /Thumb Implementation  
of the Patient

Sri./Smt. Jijesh P S/o./D/o. Janardhanan  
aged 14 (Male/Female) Address Padmbhara Parakkal (H)  
Mannur (PO) Calicut (dt) Whose signature is given above,  
has been examined to day by the Medical Board and we find that he/She is suffering from  
Mental Retardation

and hence he/she is locomotor /visually/speech and hearing/Mentally/Multiple Handicapped and the result-  
ant permanent/Partial disability assessed to be 50% (fifty) percent and comes  
under the category Moderate (mild/moderate/sever/profound)

- |                                 |  |
|---------------------------------|--|
| 1) Specialists in Orthopaedics  | 2) Specialists in Physical Medicine and Rehabilitation |
| 3) Specialists in Ophthalmology | 4) Specialists in ENT                                  |
| 5) Specialist in Psychiatry     |  |

Identification Marks 1. Black mole on right side of forehead  
2. Black mole on left forearm

Calicut - 8

Dated: 17/7/12

Chairman of Medical Board Superintendent  
Medical College Hospital  
Calicut - 8

5665/12/MR/DDRC

# 14. LATHIKA. C.M

**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. \_\_\_\_\_

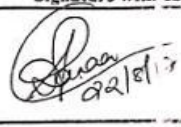
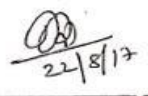

Date: 22.08.2017

**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 ..... / superintendent, Medical college Hospital, ..... examined Shri/Sri<sup>m</sup>/Kumari/ Master LATHIKA C.M D/o B.NAN. CHERUMELAKATH (H) (P.O. CHERUMUKKU, TIRURANGADI. (name and Address of the applicant) aged 19 yrs on 22.08.2017 (date). He/ She is having 40 % (FORTY PER CENTAGE 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 POST EDUCATION CONTRACTED SORETS (LE) RETROBLASTOMA (LE)

1. This disability is classified as \* mild / moderate / severe / profound / total.
2. This condition is \* progressive / likely to improve / not likely to improve.
3. Reassessment is \* not recommended / recommended after a period of ..... months / years.

\* Strike out which ever is not applicable  
 Identification marks of the applicant. 1. B.M on @ upper forearm  
 2. ---

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. SANAA MOHAMMED KONNAKKODAN MBBS, MS Reg. No: 43562 Junior Consultant (Ophthalmology) Taluk Head Quarters Hospital, Tirurangadi	 22/8/17
2	Doctor 2	Dr. K. MOHAMMED KUTTY MBBS, DLO. Reg. No: 19165 Junior Consultant in ENT Govt. General Hospital MANJERI	 22/8/17
3	Chairman	Dr. Mohamed Basheer MBBS D-ORTHO Consultant in Orthopaedics No. 11197	

Signature / Thumb impression of patient.



# 15. MOHAMMED FARIS.P

**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. 108268 Date: 20-4-10

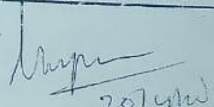
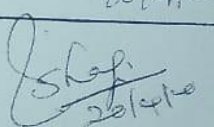
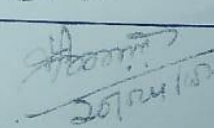
**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**


This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer MALAPPURAM / superintendent, Medical college Hospital, ..... examined Shri/Smt/Kumari/ Master MOHAMMAD FARIS.P VAITHALA PARAMBIL HOUSE KONDOTTY PO. KARIMUKKAL name and Address of the applicant aged 12 yrs on 20-4-10 (date). He/She is having 40 % (Forty 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. Bt pseudo strabismus, Myasthenia

- This disability is classified as \* mild / moderate / severe / profound / total.
- This condition is \* progressive / likely to improve / not likely to improve.
- Reassessment is \* not recommended / recommended after a period of ..... months / years.

\* Strike out which ever is not applicable

Identification marks of the applicant. 1. A Birth mark Lt side forehead  
 2. A Bm Lt side lower jaw


Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. MAYA MENON M.B.B.S. D.O.M.S. (OPH) EYE SPECIALIST ASSISTANT SURGEON GOVT. HALL HOSPITAL, MALAPPURAM	 20/4/10
2	Doctor 2	Dr. V.M. MOHAMED SHAFI. M.B.B.S., D.Ortho Reg. No. 32712 Consultant Orthopaedic Surgeon Asst. Surgeon, Govt. Hospital, Iirurangadi	 20/4/10
3	Chairman	Dr. A.M. MOHAMMED ALIAS KUNHAVUTTY Bsc. MBBS. DLO (ENT) Civil Surgeon-Health Service Dept; Kerala MEDICAL OFFICER BPHC, NEDUVA-MALAPPURAM (Dt)	 20/04/10

Signature / Thumb impression of patient. 



# 16. SUBIN LAL. C


**DISTRICT MEDICAL BOARD,  
DISTRICT HOSPITAL, MANJERI, MALAPPURAM**



Panakkal, Smt. Shihab Thangal Memorial General Hospital, MANJERI

No. MRL 55  
2012 Date. 24/11/12

**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

Signature of Candidate 

Certified that We the members of the Standing Disability Assessment Board at District Hospital, Manjeri, Malappuram examined Sri/Smt. Subin Lal. C

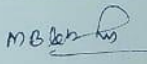
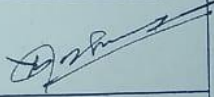
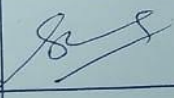
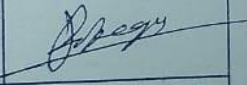
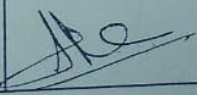
Son of/daughter of Devasubramanian Aged 14 years  
 residing at Chemban Navelal Village, Pottuvay Taluk Chingal  
 District Malappuram and found that he/she is Orthopedics/ENT/Psychiatry/  
 Ophthalmic handicapped by Mental retardation CID-62

The Partial/Permanent  
 Temporary/Disability is Sev (words High) belongs to  
 MILD/MODERATE/SEVERE/TOTAL category.

**Identification marks:**

- A black mole on the forehead
- A black mole on the back of the right hand

**BOARD MEMBERS**

Sl No	Department	Name, Designation & Reg. No.	Signature
1.	Physiatrist	<u>Dr. Bagyalakshmi M</u> Consultant Govt. General Hospital, Manjeri. 15987.	
2.	Orthopaedician	<u>Dr. Mansoor Bashir</u> Consultant Govt. General Hospital, Manjeri. 2015	
3.	Ophthalmologist	<u>Dr. BHARATHI. P.M.</u> MBBS., D.O., Reg. No. 12169 Consultant in Ophthalmology General Hospital, Manjeri.	
4.	ENT Surgeon	<u>Dr. Rajagopal. J</u> 29707 J. Consultant	
5.	Psychiatrist	<u>Dr. ABDURAZAK. K</u> MBBS. MD Reg. No 24519 Senior Consultant in Psychiatry General Hospital, Manjeri.	

# 17. AREEBA .P.P

**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.

Date: 01-11-2011

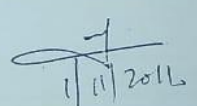
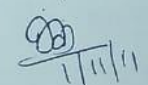
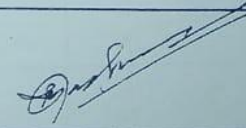
**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer MALAPPURAM / superintendent, Medical college Hospital, ..... examined Shri/Smt/Kumari/ Master AREEBA.P.P, PARAMBATTU PALAYALI (H), CALICUT AIRPORT, Pb. (name and Address of the applicant) aged 13 yrs on 01-11-2011 (date). He/She is having 40 % (Forty 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 Squint (left eye) + Moderate Myopia (left eye) + Anisometropic Anisometropia (left eye).

1. This disability is classified as \* mild / moderate / severe / profound / total. Anisometropic Anisometropia (left eye).
2. This condition is \* progressive / likely to improve / not likely to improve. Both (left eye).
3. Reassessment is \* not recommended / recommended after a period of ..... months / years. 6 mths.

\* Strike out which ever is not applicable

Identification marks of the applicant. 1. A Black mark above left elbow  
 2. A Black mark below right elbow

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	<b>DR. YUSUF KUTTY M.B.B.S. D.O</b> OPHTHALMOLOGIST TALUK GOVT. HOSPITAL, MALAPPURAM REG. NO. 27110	 11/11/2011
2	Doctor 2	Dr. K. MOHAMMED KUTTY M.B.B.S. D.O Reg. No. 19155 CONSULTANT IN E.N.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM	 11/11/11
3	Chairman	Dr. A. MOHAMED BASHEER M.B.B.S, D-ORTHO, REG. NO. 13197 CONSULTANT IN ORTHOPAEDICS DIST. HOSPITAL MANJERI	

Signature / Thumb impression of patient.



# 18. MUHAMMED FAIROOZ ALI THANGAL. K. T

**DISABILITY CERTIFICATE  
OF PHYSICALLY HANDICAPPED**  
(As per G.O. Rt. No. 1883/81 HD Dated 26-6-1981)  
(As per G.O., (P) No. 151/97, H & FWD Dated 15-5-97)


Applicant Signature: → \_\_\_\_\_ No 402/06  
Date: 22 / 2 / 2007

We, the members of Tirurangadi Taluk Disability Board, Tirurangadi do hereby certify that  
 Sri/Smt. Mohammed Fairouz Ali Age 10  
 S/O Kayyath residing at panchalabhal  
 Village pallabhal Taluk Tirurangadi was examined by us on this day the  
22nd of Feb year 2007 and that he/she is having  
50% Fifty percent blindness Percentage of  
 permanent mild/moderate/severe disability due to Nystagmus A.C.S. Head

**BOARD MEMBERS**

Sl. No.	Name	Designation	Department	Signature
1	<i>Dr. J. J. ... Surgical Surgeon (Inch. ... Reg. No. 22367</i>	<i>MS</i>	Ortho.	<i>[Signature]</i>
2	<b>Dr. P. SURESHAN, M.B.B.S.D.D.O</b> REG. No. 10500 CIVIL SURGEON, GOVT. T. H. Q. HOSPITAL, TIRURANGADI-675 306, MALAPPURAM DT.	<i>MS</i>	ENT	<i>P. Suresh</i>
3	<b>Dr. MAYA MENON</b> M.B.B.S. D.D.O (OPH) SPECIALIST ASSISTANT SURGEON T. H. Q. HOSPITAL, TIRURANGADI - 675 306	<i>MS</i>	Ophthal	<i>[Signature]</i>
4	<b>J. M. SABEEL</b> REG. No. 10776 ASSISTANT SURGEON CHILDREN SPECIALIST & PHYSICIAN	<i>MS</i>	PMR	<i>[Signature]</i>
5		<i>MS</i>	Psychiatry	<i>[Signature]</i>



Signature: *[Signature]*  
Name: Dr. P. Suresh  
Chairman & Superintendence

(OFFICE SEAL) 

# 19. HANNATH FATHIMA. C T

**DISTRICT MEDICAL BOARD,  
DISTRICT HOSPITAL, MANJERI, MALAPPURAM**

No. 111/10  
2013 Date: 30/10/13

  
 Signature of Candidate  


**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

Certified that we the members of the Standing Disability Assessment Board at District Hospital, Manjeri, Malappuram examined Sri. / Smt. Hannath Fathima. C T

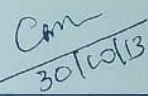
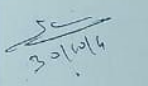

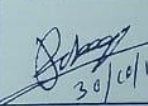
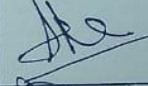
Son of / daughter of Mohammed Musliyar Aged 15 years  
 residing at Karathodvil - (H) Village Oranadu Taluk, Ernad

District Malappuram and found that he / she is Orthopedics / ENT / Psychiatry /  
 Ophthalmic handicapped by Partial Blindness Both eyes (Pseudophakia) & Bilateral Cataract, Amblyopia + Nystagmus The Partial / Permanent /  
 Temporary / Disability is 75% (words Severely Pure Permanent) belongs to  
**MILD/MODERATE / SEVERE/TOTAL** category.

**Identification Marks :**

- AWS © side of forehead
- BM ® side of neck

**BOARD MEMBERS**


Sl. No.	Department	Name, Designation & Reg. No.	Signature
1.	Physiatrist	<b>Dr. Chitra K.R. MBBS, DPMR</b> Reg. No. 28090 Junior Consultant in PM & R General Hospital, Manjeri	 30/10/13
2.	Orthopaedician	<b>Dr. SUBEER HUSSAIN. K.V</b> MBBS, D.Ortho, Reg. No:20716 Consultant in Orthopaedics Govt. General Hospital, Manjeri	 30/10/13
3.	Ophthalmologist	<b>DR. BINDU. A.</b> MBBS, MS (OPHTH) D O EYE SPECIALIST JUNIOR CONSULTANT Reg. No. 23441 GENERAL HOSPITAL, MANJERI	
4.	ENT Surgeon	<b>DR. RAJEEVAL KIER.</b> MBBS, DLO, DMR Reg. No: 29707 Junior Consultant in ENT Govt. General Hospital, Manjeri	 30/10/13
5.	Psychiatrist	<b>Dr. ABUURAZAK KOTTELASSAL</b> MBBS, MD (psychiatry) Reg. No: 24519 Junior Consultant Govt. G.H. Manjeri	


**MILD** - Less than 40%

**MODERATE** - 40% and above

**SEVERE** - 75% and above

**TOTAL** - 100% Profound

  
 Date: \_\_\_\_\_


  
 Chittaranjan Muneer  
 Superintendent  
 Govt. General Hospital, Manjeri


# 20. YUSUF. K. N

**GOVERNMENT TALUK HEAD QUARTERS HOSPITAL  
TIRUR, MALAPPURAM DISTRICT**

No. 873/09 Date 2/12/09

**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

Signature of Candidate 



Certified that we the members of the Standing Disability Assessment Board at Government Taluk Head Quarters Hospital, Tirur, Malappuram, examined Sri/ Smt. Sayed Yusuf Thangal

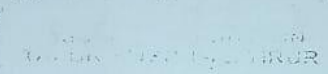
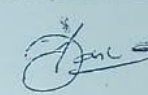
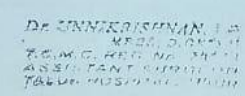
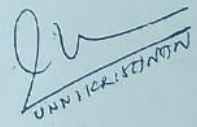
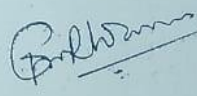
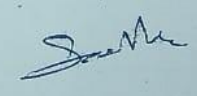
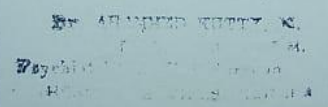
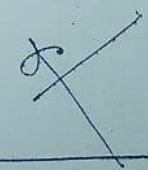
Son of / Daughter of Late Pookaya Thangal Aged 44 years residing at Kannanthal, Nattalakkal, P.O. Panangattom, Taluk Malappuram District and found that he/she is Orthopedics/ENT/Psychiatry/Ophthalmic handicapped by VM of LF arm

Be Congenital defective wrist The Partial/  Permanent/Temporary/Disability is 100%

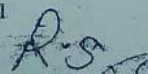
(words hundred percentage) Belongs to MILD/MODERATE/SEVERE/TOTAL category.

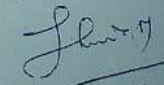
Identification marks:

- Blade mark G upper arm - inner side
- Round Scar (R elbow)

Department	Name, Designation & Reg. No.	Signature
1. Physiatrist		
2. Orthopaedician		
3. Ophthalmologist	<b>DR. GOURI. R. WARIER, M.B.B.S; DO; EYE SPECIALIST T.C.M.C. REG. No: 19566 MOBILE EYE UNIT, GOVT. HOSPITAL, TIRUR</b>	
4. ENT Surgeon	<b>Dr. ABDUS SATHAR, MBBS, MS(ENT) Consultant ENT, Head &amp; Neck Surgeon Assistant Surgeon, Govt. Hospital, Tirur TCMC Reg. No. 27077 Mob: 9747025000, sathardr@gmail.com</b>	
5. Psychiatrist		

MILD	- Less than 40%
MODERATE	- 40% and above
SEVERE	- 75% and above
TOTAL	- 100% Profound

Office Seal 

Chairman (Superintendent) 

## 21. SHAMNA SHERIN

**1 SERVICE DEPARTMENT  
GOVERNMENT OF KERALA**

### DISABILITY CERTIFICATE

Applicant Signature: [Signature] No.: 89  
Date: 12.8.2023

We the members of District Disability Board do hereby certify that Sri./Smt. [Name]  
[Address] village [Village]  
aged [Age] residing at [Address] taluk [Taluk]  
was examined by the District Disability Assessment Board  
on this day the [Date] of [Year] 200[Year] and that  
he/she is have [Percentage] percentage of permanent mild / moderate / severe disability  
due to [Cause]

#### BOARD MEMBERS

Sl. No.	Name	Designation	Department	Signature
1.	<u>[Name]</u> CIVIL SURGEON <b>DR. E. T. GIRIJA</b>	<u>[Designation]</u>	Orthopaedics	<u>[Signature]</u>
2.	<u>[Name]</u> PHYSICIAN DISTRICT HOSPITAL MANJERI	<u>[Designation]</u>	PMR	<u>[Signature]</u>
3.	<u>[Name]</u>	<u>[Designation]</u>	ENT	<u>[Signature]</u>
4.	<u>[Name]</u> M.B.B.S. D.M. CIVIL SURGEON DISTRICT HOSPITAL MALAPPURAM	<u>[Designation]</u>	Psychiatry	<u>[Signature]</u>
5.	<u>[Name]</u>	<u>[Designation]</u>	Ophthalmology	<u>[Signature]</u>

Signature : [Signature]  
Name :  
Chairman & Superintendent, [Name]  
Dist. Hospital, Manjeri.



[Signature]  
PRINCIPAL  
EMEA COLLEGE OF ARTS  
& SCIENCE, KONDOTTI  
MALAPPURAM DT. 673 638