DETAILS OF DIFFERENTLY ABLED STUDENTS 2018-19

SL	NAME OF STUDENT	UNIQUE	TYPE OF DISABILITY	PERCENTAGE
NO		DISABILITY ID		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	402/06		
	THANGAL. K. T		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<="" td=""><td></td></ef>	
			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) Date: 14/7/10 Appl: No. 108081 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 Malapparam / superintendent, Medical college Hospital, examined Shri/Smt/Kumari/ Master A.45 ha Sabava K. Dlo majeed koppilan (H), Reedakkado VeHathil, Califut Airpart (name and Address of the applicant) aged // wyrs on 14/7/10 (date). He/She is having 60 %(8xty only in words) of Permanent / Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation / Mental Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to B/L CDH B/L CTEV (Pertially corrected) 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 Strike out which ever is not applicable Identification marks of the applicant. 1. ABM on of the antonox as peef of neele 2. ABM on Arade of Name, Designation, Reg. No (Seal) Signature with date S1. No. Doctors DO V.M MONAMED SHAFT Reg. vo. 32792 Assi. Surgeon Taluk Hospital, Tirurangadi Doctor 1 Dr. P.G. DHANYA MBBS, DLO 2 Doctor 2 Reg. No: 25170 (T.C Medical Council) Assistant Surgeon Dr.S.NAZEEM MBBS,MS,DOMS Reg. No. 10856 Chairman Senior Consultant in Ophthalmologist 141210 District Hospital, Manjeri 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) Date: 23-01-2018 Appl: No. MPM/KDY/18/153 CERTIFICATE FOR THE PERSONS WITH DISABILITIES This is to certify that the Medical Board constituted as certification authority for persons with college Hospital, examined Shri/Smt/Kumari/ Master SAHALA SHERIN IP THANUPPANKANDY HOUSE on 23-01-2018 (date). He/She is having 58 %(17 ft e191) 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 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 Bon on the Identification marks of the applicant. 1. Name, Designation, Reg. No (Seal) Signature with date S1. No. Doctors Dr. K. MOHAMMED KUTTY MBBS., DLO. Reg. No: 19165 Doctor 1 Junior Consultant in ENT Govt. General Hospital MANJERI Dr. SHAMEELA. P MBBS, DO. Reg. No: 35807. Doctor 2 Junior Consultant (Ophthalmology) District Hospital Nilambur, Dr. Mohamed Basheer MRBS D-ORTHO Chairman Govt. General Hospital Manjeri Signature / Thumb impression of patient.

3. Safna Jasmin.K.P

gnal		DIS JENERAL HO	STRICT MEDICAL BOARD, DSPITAL, MANJERI, MALAPPURAM Date: 15/06/2-015	N. P. C.
jed.		STANDING	DISABILITY ASSESSMENT BOARD CERT	PICATE
iluk			Signature of d	andidate
at h	Cer	tified that we the men	nbers of the Standing Disability Assessment Board at Gene	eral Hospital Maniesi
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****	Son	of / daughter of	Abdu Raneck	Aged years
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	Temp	porary / Disability is /MODERATE / SEVER	70 % (words Seventy Renest al	pe Partial / Permanent/
ı			BOARD MEMBERS	
	SI No.	Department	Name, Designation & Reg. No.	Signature
	1		Dr. Daula Lakshmi. M.	
		Physiatrist .	CONSULTANT (FMR) Reg. No. 15787	maleh + 100 - 16/6/U
	2.	Orthopaedician	Dr. SUBELR HUSSAIN, K.V MBDs. D. Ortho, Phys. 220716 Const. Lett. in Orthopaedics Govt. General Hospital, Manjeri	16/6/U
	2.		Dr. SUBELR HUSSAIN, K.V. MBBs. D. Ortho, Pris. 120746 Constitut in Orthopaedics	madeh + mm - 16/6/0 -

4. Salma.A

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			Psychiatry		
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1	Dr. MAYA MENON		Ophthalmology	1	
	M.B.B.S. D.O.M.S. (OPH) EYE SPECIALIST, ASSISTANT SURGEON	Als		J William	
	JOYT TALUK HOSPITAL, TIRURANGADI - 878 118	· ·		10.70	
1					
	13/3/ F 15/2 F			Chairman of the Board	
		Ę	7-7-8. Ga	Superintender	
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19			Taluk He	ad Quarters Hospital, Tirurangan	de l
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5. Shabana shamla.c

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		Appl: No	(Cc	DEPARTMENT OF HEALTH SERVIC CAL BOARD CONSTITUTED BY DISTRICT MEDICA constituted as per GO (p) No.202/2009/H&FWD Dtd 2 FICATE FOR THE PERSONS WITH DIS	L OFFICER 6-06-09) Date
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	18	, KC.1.4	3-15 . (4	(name and Address of the appl ate). He / She is having 60/. %(Section of the second of the s
				Temporary / Locomotor / Visual / Speech & F	
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		hie/har	And fram	mie mental retard	ela (14=52)
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		m	onths / years.	40	*
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		Identifica	tion marks of the	e applicant. 1. wow Arrant	
		S1. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
		1	Doctor I	Dr. MARWA KUNHEEN MBBS, DPM Psychiatrist & Asst. Surgeon	11/12/14
		2.	Doctor 2	DRINGSESMA MUBARATON MISK Filegological group plant in Opening The Hospital Maler	11/12/15
		3	Chairman		MB.leb.fai- 11/12/13-
	3	Signature /	Thumb impress	ion of patient	
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6. Fathima mushavira M

		GOVERNMENT OF KERALA
		DEPARTMENT OF HEALTH SERVICES
	MEDIC (Co	AL BOARD CONSTITUTED BY DISTRICT MEDICAL OFFICER nstituted as per GO (p) No.202/2009/H&FWD Dtd. 26-06-09)
Appl: No.		Date: 07 408 2015
	CERTII	FICATE FOR THE PERSONS WITH DISABILITIES .
This is to	certify that t	he Medical Board constituted as certification authority for persons with
Disabilitie	s by the Distric	t Medical Officer MALAPPURAM: / superintendent, Medical
col lege H	spital,	examined Shri/Smt/Kumari/
		IMA MUSHAYIRA M, POOLAM PARAMBATH H
KA.	PIPPUR	(name and Address of the applicant) aged yrs
on OH.	08:0015(d	ate). He/She is having 50°/, %(Fifty only
in words)	of Permahent	Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation /
Mental Ir		rism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to
his/her		l retardation epilepsy
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3. · Re	assessment is *	not recommended / recommended after a period of
	onths / years.	ver is not applicable
		e applicant. 1. BM theel
		2. Br left chek
S1. No.	Doctors	Name, Designation, Reg. No (Seal) Signature with date
		MERS, DE KUNHEEN
1 -	Doctor I	Psychiatrist & Asst. Surgeon Reo No. 34941
		W MOUANDIED KUTTY
		Por NO:19165
2.	Doctor 2	Jr.CONSULTANT IN E.N.1
		MALAPPURAM MALAPPURAM
3 .	Chairman	CONSULTANT (PMP.)
		Reg. No: 15787
Signature	Thumb impres	ssion of patient.



7. Hasanul anwar.A

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			GOVERNMENT OF KERAL	A
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1	Appl: No.	(Con	stituted as per GO (p) No.202/2009/H&FWD Dtd. 2	26-06-09) Date: 0 4 08-2015
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11.00			Medical Officer MALAPPURAM.	
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	,K:V-KA	W.MU(Po.)	2(name and Address of the app	licant) aged AB yrs
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	S1. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
	1 . 1	Doctor 1	Dr. MARWA KUNHEEN MBS, DPM Psychiatrist & Asct. Surgeon Ror	Majok
	2. I	Doctor 2	Dr. K. MOHAMMED KUTTY MBBS, DLO Reg. NO: 19165 In CONSULTANT IN E.N. T TALUK HEAD QUARTERS HOSPITAL	3/8/15
			2000	
	3 . 0	Chairman	Reg. in. 1975"	118/15 -
	Signature / Ti	humb impace	ion of patient.	
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8. MUHAMMED ASHIQ.M

	ENERAL HOSPIT	TAL, MANJERI, MALAPPURAM	
No. O	tio	Date: 15/10/2015	
	_=15		
	STANDING DIS	ABILITY ASSESSMENT BOARD CERTIFICATE	
		Signature of Candidate	
Certifie	d that we the members	of the Standing Disability Assassment Board at General Hospital, Manjeri,	
Malapp	uram examined Sri. / Smt		
Son of /	daughter of Chas	Ageoyears	
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		at altern	
		Name Designation & Reg. No.	
SI. No.	Department	Name, Designation & Reg. No.	
SI. No.	Department Physiatrist	Name, Designation & Reg. No.	
		Name, Designation & Reg. No.	
; 1. 	Physiatrist	Name, Designation & Reg. No. Mo. Library IST 10/4- Dr. BIERY, Mohammed MBBS, MS (Cashe), Reg. No. 30671 MBBS, MS (Cashe), Reg. No. 30671	
1. f	Physiatrist Orthopaedician	Name, Designation & Reg. No. Mo. Library 157 10/s- Lipoly Constitute and No. 20714 Constitute and No. 20714 Constitute and No. 20714 Dr. BIERN, Mohammed Dr. BIERN, Mohammed	
2.	Physiatrist Orthopaedician Ophthalmologist	Name, Designation & Reg. No. Model Consultant Sept. No. 2014 Consultant Consultant Sept. No. 30671 Jr. Consultant Contral Manjeri Dr. BIERL Mohammed MBBS, MS (Cohm), Reg. No. 30671 Jr. Consultant Cohthalmology General Hospital Manjeri DR. K. MODEENKUTTY WISS NS (ENT)	

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		GOVERNMENT OF KERAL	
	MI	EDICAL BOARD CONSTITUTED BY DISTRICT MEDICAL (Constituted as per GO (p) No.202/2009/14 FIND TO STATE OF THE PROPERTY OF THE PR	OFFICER
Appl	No.	17 31222007/H&F WD Dtd. 26	-06-09)
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S1. No.	Doctors	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED KIT MBBS. DLD	Right of apper charles
Identific	ation marks of th	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIII Reg. No: 19165 K. CONSULTANT IN E.H.T.	Signature with date
S1. No.	Doctors	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED KLIT Reg. No: 19165 Jr. CONSULTANT IN E. IT 7. TALUK HEAD QUARTERS HOSPITAL	
S1. No.	Doctors	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED KLIT MBBS. DLI Reg. No: 19165 Jr. CONSULTANT IN E. IT 7. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM	Signature with date
S1. No.	Doctors Doctor 1	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED KIT Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN	Signature with date
S1. No.	Doctors	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XU MBBS. DU Reg. No: 19165 Jr. CONSULTANT IN E.H T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistring & Apage B.	Signature with date
S1. No.	Doctors Doctor 1	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XLI MBBS. DLI Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN MOMO, DPM Psychiatrict & Acct. Surgeon Reg No. 34341	Signature with date
S1. No.	Doctor 1 Doctor 2	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acet. Surgeon Reg No. 34341 Dr. A. MOHAMED RASHEEP	Signature with date 29/12/2011
S1. No.	Doctors Doctor 1	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acet. Surgeon Reg No. 34341 Dr. A. MOHAMED RASHEEP	Signature with date 29/12/2011
S1. No.	Doctor 1 Doctor 2	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acet. Surgeon Reg No. 34341 Dr. A. MOHAMED RASHEEP	Signature with date 29/12/2011
S1. No.	Doctor 1 Doctor 2	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acet. Surgeon Reg No. 34341 Dr. A. MOHAMED RASHEEP	Signature with date
S1. No.	Doctors Doctor 1 Doctor 2 Chairman	Name, Designation, Rep., No (Seal) Dr. K. MOHAMMED XIV. MBBS. DLD Reg. No: 19165 Jr. CONSULTANT IN E.T. T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN MEG. DPM Payohistriet & Acct. Surgeon Reg No. 34941 Dr. A. MOHAMED BASHEER M.B.B.S. D. GETHO, REG. NO. 19197 CONSULTANT IN CRIMOPAEDICS DIST. HOSPITAL MANJERI	Signature with date 29/12/2011
S1. No.	Doctors Doctor 1 Doctor 2 Chairman	Name, Designation, Rep., No (Seal) Dr. K. MOHAMMED XIV. MBBS. DLD Reg. No: 19165 Jr. CONSULTANT IN E.T. T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN MEG. DPM Payohistriet & Acct. Surgeon Reg No. 34941 Dr. A. MOHAMED BASHEER M.B.B.S. D. GETHO, REG. NO. 19197 CONSULTANT IN CRIMOPAEDICS DIST. HOSPITAL MANJERI	Signature with date 29/12/2011
S1. No.	Doctor 1 Doctor 2	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI) Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acct. Surgeon Reg No. 34341 Dr. A. MOHAMED BASHEER M.B.B.S. D. ORTHO, REG. NO. 19197 CONSULTANT IN CRITICIPAEDICS DIST. HO SPITAL MANJER!	Signature with date 29 12 2011
S1. No.	Doctors Doctor 1 Doctor 2 Chairman	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI) Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acct. Surgeon Reg No. 34341 Dr. A. MOHAMED BASHEER M.B.B.S. D. ORTHO, REG. NO. 19197 CONSULTANT IN CRITICIPAEDICS DIST. HO SPITAL MANJER!	Signature with date 29 12 2011
S1. No.	Doctors Doctor 1 Doctor 2 Chairman	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI) Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acct. Surgeon Reg No. 34341 Dr. A. MOHAMED BASHEER M.B.B.S. D. ORTHO, REG. NO. 19197 CONSULTANT IN CRITICIPAEDICS DIST. HO SPITAL MANJER!	Signature with date 29 12 2011
S1. No.	Doctors Doctor 1 Doctor 2 Chairman	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI) Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acct. Surgeon Reg No. 34341 Dr. A. MOHAMED BASHEER M.B.B.S. D. ORTHO, REG. NO. 19197 CONSULTANT IN CRITICIPAEDICS DIST. HO SPITAL MANJER!	Signature with date 29 12 2011
S1. No.	Doctors Doctor 1 Doctor 2 Chairman	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI) Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acct. Surgeon Reg No. 34341 Dr. A. MOHAMED BASHEER M.B.B.S. D. ORTHO, REG. NO. 19197 CONSULTANT IN CRITICIPAEDICS DIST. HO SPITAL MANJER!	Signature with date 29 12 2011
S1. No.	Doctors Doctor 1 Doctor 2 Chairman	Name, Designation, Reg. No (Seal) Dr. K. MOHAMMED XIVI MBBS. DLI) Reg. No: 19165 Jr. CONSULTANT IN E.H.T. TALUK HEAD QUARTERS HOSPITAL MALAPPURAM Dr. MARWA KUNHEEN Payohistriet & Acct. Surgeon Reg No. 34341 Dr. A. MOHAMED BASHEER M.B.B.S. D. ORTHO, REG. NO. 19197 CONSULTANT IN CRITICIPAEDICS DIST. HO SPITAL MANJER!	Signature with date 29 12 2011



10. Hafsa.VP

		GOVERNMENT OF KERALA		
	1	DEPARTMENT OF HEALTH SERVICE	S ·	
	MEDICA (Con	AL BOARD CONSTITUTED BY DISTRICT MEDICAL C stituted as per GO (p) No.202/2009/H&FWD Dtd. 26-0	06-09)	
Appl: No.	91784		Date: 20 H O O ·	
	CERTIF	ICATE FOR THE PERSONS WITH DISAI	BILITIES	
This is to	certify that th	ne Medical Board constituted as certification	authority for persons with	
Disabilitie	e by the District	Medical Officer MALARRURANO	/ superintendent, Medical	
			examined Shri/Smt/Kumari/	
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-	W. S. W. W. Law		ant) agedyrs	
,5	policifica ide	ate) He/ She is having 50 % (
		/ Tanamator / William - Micelli Calle	CU III	
Mental_I	mpairment /-au	tisin / Cerebral Palsy / Leprosy oured / Multip	ple disability in relation to	
his/her		classified as * mild/ moderate / severe / profound/	total.	
1. T	his disability is c	lassified as * mid- moderate / service / part		
	his condition is	* progressive / likely to improve / not likely to impr	rove.	
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3. R	enssessment is *	not recommended after a period of	f*	
3. R	enssessment is *	not recommended after a period of	f*	
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11. THAHA MUBASHIR

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12. Abdul latheef.P

		DISTRI	DISTRICT MEDICAL BOARD, ICT HOSPITAL, MANJERI, MALAPPUR	
		DISTRI	TO THAL, MANUERI, MALAFFUR	AM
	No.	598/09	Date 6/5/09	MANIERI.
		STANDING	G DISABILITY ASSESSMENT BOARD CERTIFI	
			Signature of Candidate	
			ers of the Standing Disability Assessment Board at Dis	
			mr. ABDUL LATHEFF	
	residi	ing at Myther form	nhe (10) Village Taluk E	rmady,
	Distr	ice Malepura	and found that he/she is Orthope	edics/ENT/Psychiatry/ ,
	Ophtl	halmic handicapped by .	Mentel Potendenen ia 36	The Partial /Permanent/
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		orary/Disability is D/MODERATE/SEVEI	45% (words Fary Fire Percentge	belongs to
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,	MILE	o/MODERATE/SEVER	45% (words For Fire Parcatege RE/TOTAL category.	belongs to
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	MILE Ident	MODERATE/SEVEI	ETOTAL category. Son the middle of fore here male on the back side of reele. BOARD MEMBERS Name, Designation & Reg. No. Do Begig la las himing	Signature
	MILE Ident	Department Department	A 5 % (words For Five Parcauce) RETOTAL category. Son the middle of fore here on the mole on the back side of neels. BOARD MEMBERS Name, Designation & Reg. No. Do Moidsenkutty Ullate MBBS, D. Outho	Signature Mr. Lely Dun
	SI No.	Department Department Orthopaedician	De Moidsenkutty Ullate MBBS, Despital, Manjert Or Ginelin A.	Signature Mr. Lely Dun

13. JIJESH. P

ter There all the terms and th
AGS OF THE MEDICAL BOARD MEDICAL COLLEGE HOSPITAL,
Certificate of Permanent Disability (3.5 per G.O.(P) No. 161/97 H & FWD Date 15-5-97 & G.O.(P) No. 13/2000 Social Welfare (A) department at, 19-6-2000)
No.: 660
Signature /Thumb Implementation of the Patient
Sri/Smt Jijesh P S/o, D/o Janar than an aged (Male/Female) Address Padin have Pavakkal (H) Mannuy (PU) Cali Lint (at) Whose signature is given above, has been examined to day by the Medical Board and we find that he/She is suffering from
Mental Returdation
and hence he/she is locomotor /visually/speech and hearing/Mentally/Multiple Handicapped and the resultant permanent/Partial disability assessed to be
1) Specialists in Orthopaedics 2) Specialists in Physical Medicine and Rehabilitation
3) Specialists in Ophthalmology 4) Specialists in ENT 5) Specialist in Psychiatry 7. Ramash 6 7. Dr. S.A. Swathilal Dr. S.A. Swathilal
5) Specialist in Psychiatry Dr. S.A. Swatter Dr. S.A. Swatter Dr. S.A. Swatter Dr. S.A. Swatter Associate Professor of ENT Reg. No.17525.
Identification Marks 1. Black wole on right side of forhead
2 Black male on left at forearm.
M
Calicut - 8 Chairman of Medical Board Superintendent Medical College Hospital Calicut - 8 Calicut - 8
5665 12 MR ODRC

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.

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

Thi	s is to certify that the Medical Board constituted as certification authority for persons with
D:-	abilities by the District Medical Officer
Dist	examined Shri/Smr/Kumari/
coll	ege Hospital, examined Shri/Smr/Kumari/
A.Sac	LATURA CM DIS BRAN CHERUMETAN
	CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CHERUMUKKU TIRURANGADI. (name and Address of the applicant) aged 19 yrs CH
in w	vords) of Permanent / Temporary / Locomotor / Visual / Speech & Hearing /
102000	ntal Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to ner. Post Encuentary Con TRACTED South TO RETRIBERSTONS (15)
I.	This disability is classified as * mild/moderate/severe/protound/total.
2.	This condition is * progressive / likely to improve / not likely to improve.
3	Reassessment is a not recommended / recommended after a period of
3	Strike out which ever is not applicable
Iden	Strike out which ever is not applicable tification marks of the applicant. 1. BM on (2). upper forcement 2.

S1. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1 .	Doctor 1	Dr. SANAA MOHAMMED KONNAKKODAN MBBS, MS Rc; No: 43552 Junior Consultant (O4: halmology) Taluk Head Quarters Hos; har is reanged.	Carlet :
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 Bashear MEBS D-ORTHO - Consciunt in Orthopsedics Fr. 19197	9

Signature / Thumb impression of patient.





15. MOHAMMED FARIS.P

Áppl	MI: No. 10826	GOVERNMENT OF KERA DEPARTMENT OF HEALTH SERVEDICAL BOARD CONSTITUTED BY DISTRICT MEDI (Constituted as per GO (p) No.202/2009/H&FWD Dtd	VICES ICAL OFFICER d. 26-06-09)
	CER	TIFICATE FOR THE PERSONS WITH D	Date: 20-4-10
This		at the Medical Board constituted as certificat	
Disab	ilities by the Dis	rict Medical Officer	ion authority for persons with
colleg	e Hospital,		/ superintendent, Medical
Maste	r MOHAM	DMAD FARIS P VAITHAL	examined Shri/Smt/Kumari/
Ko	NDOTTY.	DO KARIMUK didme and Address of the ap	DO PIONE BIL HOUSTS.
on	20-4-010	(date). He / She is having	oplicant) agedyrs
in wor	ds) of Permaner	t /- Temporary / Locomotor / Visual / Speech &	(Torry percent
Menta	l Impairment /	autism / Cerebral Palsy / Leprosy cured / Mu	Hearing / Mental Retardation./
3.	Reassessment is	ever is not applicable	of *** Signature Market M
S1, No.	Dectors	Name, Designation, Reg. No (Seal)	Signature with date
	Doctor I	Dr. MAYA MENON MB B & B D O M & 10PH GOVERNMENT SETTAM TURGEON	Mayare with date
		A CONTRACTOR OF THE CONTRACTOR	7074/2
2.	Dector 2	Dr. V.M. MOHAMED SHAFI. M.B.B.S., D. Ortho Consultant Orthor. Asst. Surgeon, Govt. Hospital, Turrangadi	2014/W
2.	Dector 2 Chairman	Consultation 2	Staffer Splens



16. SUBIN LAL. C

No.	DISTRICT	DISTRICT MEDICAL BOARD, HOSPITAL, MANJERI, MALAPPURA Date. 2 4/1/12 DISABILITY ASSESSMENT BOARD CERTIF	
	STANDINGI	DISABILITY ASSESSMENT BOARD CERTIF	ICATE and rain in the same of
		Signature of Candidate	
Malapi Son of	puram examined Sri/ Sm	of the Standing Disability Assessment Board at Di	.Agedyears
residin	igal Malekt	Village Solventhan Take and found that he/she is Ortho Meuhol rehandation CIQ-6	pedics/ENT/Psychiatry/
Tempo	orary/Disability is	So/ (words F1) Hay	
MILD/	MODERATE/SEVERE	TOTAL category. Male on the base of the) belongs to
MILD/	MODERATE/SEVERE ification marks: 1. A. bleds 2. A. blods	Mode on the base of The BOARD MEMBERS) belongs to
MILD/ Identi	MODERATE/SEVERE ification marks: 1. A bloods 2. A bloods Department Physiatrist	Mode on the bale of the BOARD MEMBERS Name, Designation & Reg. No.	oine Sugar
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MILD/Identi	MODERATE/SEVERE ification marks: 1. A. blesse 2. blesse 2. blesse Pepartment Physiatrist Physiatrist Orthopaedician Cons	BOARD MEMBERS Name, Designation & Reg. No. Boardelbrum m Suital Compation 15787 Manuel Compation Hent at 150 Manuel Compation Hent At 15197 Manuel Compation Hent At 15197	oine Signer

17. AREEBA .P.P

GOVERNMENT OF KERALA 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 MALA PRURAM superintendent, Medical college Hospital, Master AREEBA P.P., PARAMBATTU PALLYALI -(H), on Ol-11-2011 (date). He She is having 40 %(For in words) of Permanent / Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation / Mental Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to This disability is classified as * mild / moderate / severe / profound / total. The for 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 S1. No. Doctors Name, Designation, Reg. No (Seal) LIK GOVT. HOSPITAL, MALAN REG. NO. 27110 Doctor 1 Dr. K. MOHAMMED KUTTY 2 Doctor 2 OLEONSULIANT IN E 11 T. TALUK HEAD OR SOFTE HOLDERS Dr. A. MOHAMED BASHEER M.B.B.S, D-ORTH-O, FEG. NO. 1919/ CONSULTANT IN ORTHOPAEDICS DIST. HOSPITAL MANJERI 3 Chairman Signature / Thumb impression of patient.



18. MUHAMMED FAIROOZ ALI THANGAL. K. T

	OF PH (As per G.O	ILITY CE YSICALLY HA . Rt. No. 1883/81 HI O No. 151/97, H &	NDICAPPED	
Appl	licant Signature: 🗻			No 402/06 Date: -22 / 2-/200
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perma	nent mild/modarate/severs disabilit	v due to Myst	agains A	DS 1 Head
		BOARD MEMB	ERS	
SI. No	-R.16	Designation	Department	Signature
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- 2	Dr. R. SURESHAM, M.B.E.S.DLCI REG. No: 10500 CML SURGEON, GOVT T. H. Q. HOSPITAL, TRURANSAGIL ETS 206, HALAPPURAN DT.	do	ENT	P. Rosaa Bos
3	ON MAYA MEHON MESS COME COM SPECIALIST ASSESSANT SURGEON LUN HOSPITAL TRURANGAD - 676 304	m	Ophthal	tryling.
4	JEM SABERLANDED JUN SPEL TEM NO. TETTE ARRISTMAT SURGEO CHILDREN SPECIALIST & PHYSICAL MENAL PROPERTY.	ø	PMR	Op.
5		015	Psychiatry	25/
	(OFFICE SEAL)	And the second	Signature: Warne : Chairman	Superintendent

Prepared by Internal Quality Assurance Cell (IQAC), EMEA College of Arts and Science, Kondotti

19. HANNATH FATHIMA. C T

	111/10	Date: 3 5/1/9/13	
•		DISABILITY ASSESSMENT BOARD CERT	CON GAMESTON LANGE
		Signature of	
		bers of the Standing Disability Assessment Board at Dis	
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resid	ing at well od	wil - (+) Village Travade Faluk	(Emed
Opht	halmic handicapped by (G. Coutaneet, porary / Disability is	Amblyona + Nystagnin Bru Vry 3, 75% (words Seventy Rive	seudophakue Bue 2/60 The Partial/Permanent/
	MODERATE / SEVER ification Marks : 1. A w 2. B M	s © side of forchead	
_		BOARD MEMBERS	
SI. No.	Department	Name, Designation & Reg. No.	Signature
1.	Physiatrist	Dr. Chitro K.R. Mees, peme Reg. No. 28090 Junior Consultant in PM S. R. General Hospital, k. open	Can 30 (10) 13
2.	Orthopaedician	Dr. SUBEER HUSSAIN. K.V MBBS. D.Ortho, Rag. No:20716 Consultant in Orthopaedics Govt. General Hospital, Manjeri	3 3/4/4
		DR. BIVDU. A. MBH., MS (OFF) DO EVE SPECIALIST	\ la
3.	Ophthalmologist	JUNIO? CO. SULTANT	
3.	Ophthalmologist ENT Surgeon	GENERAL TOTAL TOTA	230 00 13
		GENERAL TAPEEQALITYKIE - MBBS, DLO, PMB Reg. NO: 29707	30 00 13

20. YUSUF. K. N

,o. S	TIRUR, MAI 893/09 TANDING DISABILITY	K HEAD QUARTERS HOSP APPURAM DISTRICT Date 2 1 2 ASSESSMENT BOARD PRIFICAL ature of Candidate	1094	fami
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	1 .0 .	be a second		gory.
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	2 Orthopaedician	DE UNNIERISENAN I S MERC, D. ONES I TELMIC, MEC. VICTOR IN ASSISTANT STREET VIN FALUE MISSISTANT (MILL)	UNN 1/CX I KTJ NOW	
	3 Ophthalmologist	DR. GOURI. R. WARIER, M.B.B.S; DO; EYE SPECIALIST T.C.M.C. REG. No: 19566 MOBILE EYE UNIT, GOVT. HOSPITAL, TIRUR	Coppin	£ .
	4 ENT Surgeon	Dr. ABDUS SATHAR, MBBS, MS(EN) Consultant ENT, Head & Neck Surgeon Assistant Surgeon, Govt. Hospital, Tirur 10MC Reg. No: 27077 Mob: 9747025000, sathardr@gmail.com	Sulve.	
	5 Psychiatrist	Toyelist Town The State of the	8	- flang
*	MILD - Less than 40° MODERATE - 40% and abov SEVERE - 75% and abov TOTAL - 100% Profor	c Office Seal	Chr. Irman (Superintenden)).	A M MHOKA

21. SHAMNA SHERIN

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	signature: 142			No.: 89.	
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talukca	Paramis.		ed by the District D	icahility Accessment Roam	
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		ARD MEN			
SI. No.	Name	Designation	Department	Signature	
1.	Dr. M. 1. 12 K		Orthopaedics	Cools	. 5
	CIVIL SURGEON	01>		anny	
1	DR. E. T. GIRIJA	e e	PMR		
2.	TRICT HOSPITAL MANJE	Cls Cls	PIVIK	1	
Dis	B-				
3.	A. A. A.		ENT	mas	CONTRACTOR OF THE PARTY OF THE
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