

Form - VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)
[See rule 18(1)]Certificate No. 156/HMA/2020
 CIVIL ASSISTANT SURGEON
 Institute of Mental Health
 Date 18/06/2020

This is to certify that I have carefully examined Shri/Smt/Kum J. Gautham Kumar son/wife/daughter of Shri Jayakumar
J. Gautham Kumar Date of Birth (DD/MM/YY) 20/8/1996 Age 23 years,
 male/female _____ Registration No. _____ permanent resident of House No. 76/208
Ramasamy Salai Ward/Village/Street Kalaigal Karuna Post Office K. J. Nagar
 District Chennai-78 State Tamil Nadu, whose photograph is affixed above,
 and am satisfied that he/she is a case of Learning disability. His/her
 extent of percentage physical impairment/disability has been evaluated as per guidelines
 (.....number and date of issue of the guidelines to be specified) and is shown against the relevant
 disability in the table below:-

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Language Speech and Disability			
10	Intellectual Disability			
11	Specific Learning Disability	Brain	Learning Disorder	40% (G.H.)
12	Autism Spectrum Disorder			
13	Mental illness			

14	Chronic Neurological Conditions			
15	Multiple sclerosis			
16	Parkinson's disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended after 2 years 19/6/2022 months, and therefore this certificate shall be valid till (DD/MM/YY) 19/6/2022

@ eg. Left/Right/both arms/legs

eg. Single eye/both eyes

€ eg. Left/Right/both ears

3. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate
Aadhaar Card	—	Government of India 4772 8744 5791

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Dr. V. J. Kumar

Countersigned
(Countersignature and seal of the
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
not a Government servant (with seal))

Signature/thumb
Impression of the
Person in whose
favour certificate of
disability is issued



CIVIL ASSISTANT SURGEON
Institute of Mental Health,
CHENNAI-600 010

Note: In case this certificate issued by medical authority who is not a Government servant, it shall be valid only if counter sign by Chief Medical Officer of the District.