

FORM - III

Medical Certificate in respect of an Orthopaedically (Physically)
HANDICAPPED OR SPASTIC CANDIDATE

For the purpose of concessions granted to Orthopaedically (Physically) handicapped, the Orthopaedically (Physically) handicapped are those who have physically defect or deformity, which causes an interference with normal functioning of bones, muscles and joints

Certified that, I, Dr. डा. अनिल कुमार गौड़/Dr. Anil Kumar Gaur

Registration No. MBBS, DPMR, DND (PMR) day of 26/06/12
उप निदेशक/Deputy Director
पंजीयन/Reg. No. MCI-7140 examined the
applicant whose particulars are given below and that he/she falls within the above definition.

1. Name of Candidate : MS. MAITRI UDAY SHAH
2. Identification Mark : MOLE ABOVE RIGHT EYE
3. Sex : FEMALE
4. Father's Name : MR. UDAY LALJI SHAH
5. Approximate Age : 17 years
6. (a) (Nature of disability) : Permanent

(Tick relevant from following list)
POST-POLIO, PARALYSIS, HEMIPLEGIA,
QUADRAPLEGIA, MALUNITIED, FRACTURE,
NERVE PARALYSIS, UPPER EXTREMITY,
LOWER EXTREMITY, LIMP, PAINFUL, SHORTENING,
DEFORMITY, CONGENITAL ACQUIRED, ABOVE KNEE, Congenital
BELOW KNEE, HIP, HEMIPELVECTOMY, SYMES, Muscular
CHEOPARTS, WRIST, FINGERS, BELOW ELBOW, Dystrophy.
ABOVE ELBOW, SHOULDERS, FORE QUARTER,
UNILATERAL, BILATERAL.

(b) Extent of disability: More than or equal to eighty
Estimate in percentage (me Bridge Scale) two percent ($\geq 82\%$).
ON ANATOMICAL, FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER'S ASSESSMENT)
PERCENTAGE (Please state whether the percentage of disability is 25 or above) Yes, more than 25%

(c) Use of applicant
(Tick relevant from following list)
CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE,
PROSTHESIS, CANE UNILATERAL, BILATERAL, Wheel chair
ABOVE ELBOW, BELOW ELBOW, HEMIPELVECTOMY, dependent
SHOULDER DIS-ARTICULATION. ambulation

(d) ANY-OPERATION DONE OR INDICATED.

(e) PHOTOGRAPH (Attested) back side of this form

To show the nature of disability and any appliance is used.

7. Any other particulars to clarify the nature and extent of disability that the Surgeon might like to point out. May be progressive.

Signature of Applicant : M. Shah
Designation : Surgeon
Office Stamp : 26/06/12
Address : डा. अनिल कुमार गौड़/Dr. Anil Kumar Gaur

Jr. College Stamp : MBBS, DPMR, DND (PMR)
Signature of the Principal : उप निदेशक/Deputy Director
Jr. College No. : पंजीयन/Reg. No. MCI-7140
अ. भा. भौ. वि. पु. सं. मुंबई - 34.
AIIPMR, Mumbai - 34.



26/6/12

कुमार गोड/Dr. Anil Kumar Gaur
IBB, DPMR, DNB (PMR)
निदेशक/Deputy Director
संजीवन/Reg. No. MOI-7140
अ. भा. प्र. वि. पु. सं. मुंबई-34.
ATIPMR, Mumbai-34.

भारत मुद्रा, डॉ. गौतम जैन
निदेशक/Deputy Director
संजीवन/Reg. No. MOI-7140
अ. भा. प्र. वि. पु. सं. मुंबई-34.
ATIPMR, Mumbai-34.

क. 230

ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION

Keshav Rao Khandye Marg, Lala Lajpatrai Udyan, Haji Ali, Mahalaxmi,

MUMBAI - 400 034.

Certificate No.: D.C.A./N^o 03084

Date: 28/10/04

Rehab. No. 234/04

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum. Maitri
 son/wife/daughter of Shri Uday Shah
 Aged 10 yrs. old male/female, Registration No DCAR 4373 is a case of
Conjugal muscular dystrophy He/She
 is physically disabled and has 82 % (Eighty two percent) permanent physical
 impairment in relation to whole body

Note: 1. This condition is ~~progressive~~/non progressive/~~likely to improve~~/not likely
 to improve*

2. Reassessment is not recommended/~~is recommended after a period of~~
~~months/years.~~*

*Strike out which is not applicable

(DOCTOR)

Seal

Gaur

(DOCTOR)

Seal

डा. संजु पटेल / Dr. SANJU PATEL

एम. एस. ऑर्थो / M. S. Ortho

पंजीयन सं. / Regn. No. 2003/01/37

रजिस्ट्रार, अ.भा.भौ.चि.पु.सं.

Registrar, A.I.I.P.M.R.

(DOCTOR)

Seal

डा. अमित आर. धुमाले / Dr. AMIT R. DHUMALE

MBBS (MUM), D'Ortho

पंजीयन सं. / Regn. No. MMC-2000/11/3411

रजिस्ट्रार, अ.भा.भौ.चि.पु.सं.

Registrar, A.I.I.P.M.R.

महालक्ष्मी / Mahalaxmi

मुंबई / Mumbai - 34.

Signature / Thumb impression
 of the patient, guardian's
 in case of child or amputee



डा. अनिल कुमार गौर / Dr. Anil Kumar Gaur

MBBS DPMR DNB (PMR)

सहायक निदेशक / Asstt. Director

पंजीयन सं. / Regn. No. MCI-7140

अ.भा.भौ.चि.पु.सं., महालक्ष्मी,

हाजी अली, के. खांदये मार्ग,

मुंबई / Mumbai - 400 034.

Recent A.I.I.P.M.R. showing the disability

HEADMISTRESS

(Mrs. Saili S. Dalvi)

Sarvajani Shikshan Sanshodhan

Lokmanya Tilak English High School,

V. P. Road, Mulund (W),

Mumbai - 400 030.

डा. अनिल कुमार गौर / Dr. Anil Kumar Gaur

MBBS DPMR DNB (PMR)

Medical Superintendent, Asstt. Director of

पंजीयन सं. / Regn. No. MCI-7140

अ.भा.भौ.चि.पु.सं., महालक्ष्मी,

A.I.I.P.M.R., Mahalaxmi,

हाजी अली, के. खांदये मार्ग,

मुंबई / Mumbai - 400 034.