

13	Specific Disability	Learning			
14	Autism Disorder	Spectrum			
15	Mental illness				
16	Chronic Conditions	Neurological			
17	Multiple Sclerosis				
18	Parkinson's disease				
19	Haemophilia				
20	Thalassemia				
21	Sickle Cell disease				

@ eg. Left/right/both arms/legs

eg. Single eye

* eg. Left/Right/both ears

2. This 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 ----- years ---- 11 ---- months, and therefore, this

certificate shall be valid till (DD) (MM) (YY) 06/02/2024

4. The applicant has submitted the following document as proof of residence

Nature of document	Date of issue	Details of authority issuing certificate
Adhar 6469 17769832	-	UIDAI

Dr. AJEESH. P.R

Reg No: 38176

CONSULTANT PSYCHIATRIST

(Authorised Signatory of Notified Medical Authority
Name & Seal)



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

Suma
21/3/23
Dr. Suma C

Countersigned
(Medical Superintendent)

SUPERINTENDENT

TALUK HEADQUARTERS HOSPITAL

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