19 Haemophilia					
20 Thalassemia	[Dr ]				
21 Sickle Cell dise	ase				,
Please strike out the dis	abiliities wh	ich are not ap	plicable)	,	•
l. In the light of the abov	ve. his/her o	ve: all permai	nent physical impairm	ent is as follow:	;-
n figures :					. *
n words :-			_	Ex-	
FIFTY Se		Sever	ty five		percent
2. The above condition is	progressive	· e / non-progre	ssive / likely to impro	ve/not likely to	improve.
Reassessment of disab and therefore, this certifi	cate shall be	e valid tillU	5 (DD) <u> </u>	2015(YY).	3 months,
. The applicant has subr	nitted the fo	ollowing docu	ment as proof of resid	ence:	uthority issuing
Nature of document		Date of Issue		Details of authority issuing certificate	
Pation Cerel No Acalherino. 8	.1875	24850	· 07-08-2019.	Taluk Suf	pply office, TSR
Acelherino. 8	152 2	915 Cp1	F3. (hgue)	dentiticati	or Authority
. Signature and seal of t	he Medical		~		-1 - CM - mb on
Name & Seal of Member n  Name & Seal of Member n  Bridsundors  Bridsundors  Dr. Kerrinin Bridsundors  Dr. NBBS. Month of Pediatrics		Name & Seal of Member		Name & Seal of Member	
War Balash	D. 49533	1	Beat of Member	(	1
Dr. Karil MD. Reprofessionics		Dr. Main Assistant College, Taliss Govt. Medical College, Taliss Govt. Medical College, Taliss		Gevt. Medi	cal Conego Inmodi,
Dr. Kerthin Beand of Assault Assault College Thissy Assault College Thissy Name & Seal of Mem		Dr. Masistant College, 13115 Assistant College, 13115 Govt. Medical College, 13115 Reg. No. 7CMC 42025		MC.RE	eg.No:
CONT. NIC					
Name & Seal of Member		Nan	Name & Seal of Member		
DHANYA V.S.  DHANYA V.S.  M.Sc. M.Phil (NIMHANS)  R.CI NO-A28230  R.CI NO-A28230  Clinical Psychocost  Govt. Modical Co		M.S.	funut,		
	्रीव <b>ं</b>	)	/Authorised Signa	Board forPerson atory of Notified ERINTENDENT JEDICAL COLLEGI SSUR, KERALA-G	ons With Disabilities I Medical Authority (Go Name & Seal) E HOSP (FR.
Signature/ Thumb impres	ision of the	paneni			

Note: In case this certificate is issued by a medical authority, who is a Govt.servant, it shall be valid only if countersigned by the chief medical officer of the district