

SI. No.	Disability	Affected Part of Body	Diagnosis	Disability (in %)
14	Autism Spectrum Disorder			
15	Mantal Illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Hemophilia			
20	Thalassemia			
21	Sickle Cell Disease			

(Please strike out the disabilities which are not applicable)

@, e.g. Left / Right / Both Arms / Legs

#, e.g. Single Eye

* ,e.g. Left / Right / Both Ears

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

3. Reassessment of disability is:

i) not necessary,

or

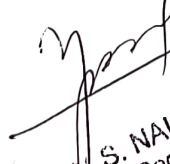
ii) is recommended / after.....⁵.....years.....months, and therefore, this certificate shall be valid till.....(DD).....(MM).....²⁰²⁴.....(YY)


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

Name of Document	Date of Issue	Details of Authority issuing Certificate
Aadhaar Card	15/06/2019	9611 2384 1762

(Authorised Signatory of Notified Medical Authorities (Name & Seal))


Dr. TONY



Dr. V.S. NAUSHAD MBBS, DCH
Reg. No: 21465
Jr. Consultant Paediatrics
General Hospital, Ernakulam


Dr. ANTHONY
Reg. No: 18169
SUPERINTENDENT
GENERAL HOSPITAL



Signature / thumb impression
of the person in whose favour
certificate of disability is issued




Countersignature & Seal of the Superintendent
Dr ANITHA, A MBBS, M-Ph (SCM)
Reg No 18169
SUPERINTENDENT
GENERAL HOSPITAL