

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

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows :-

In figures: - 90% percent

In words: - Ninety only percent

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

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended after 3 years 00 months, and therefore this certificate shall be valid till (DD/MM/YY) 29/09/2024

@ eg. Left/Right/both arms/legs


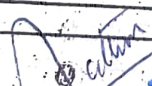

# eg. Single eye/both eyes

£ 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

4. Signature and seal of the Medical Authority.

 <b>Dr. T. K. SHAJI, M.D</b> Consultant Psychiatrist Name and Seal of Member	 <b>Dr. A. ABU</b> Consultant in Pediatrics Name and Seal of Member	 <b>Chairperson</b> Name and Seal of the Chairperson
--	---	--

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

**Dr. A. ABU**  
 Consultant in Pediatrics  
 Kerala State Health Services  
 Reg. No. 32850

**SUPERINTENDENT**  
**TALUK HEAD QUARTERS HOSPITAL**  
**TRIPUNITHURA**

