

Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)



Certificate No. MBE-6910/21 Date: 29-10-2021

This is to certify that I have carefully examined Shri/Smt/Kum Ishan Krishna  
son/wife/daughter of Shri Krishna Das W R

Date of Birth (DD/MM/YY)                      Age 7 years,  
male/female                      Registration No. Nechikattil permanent resident of House No.                     

Ward/Village/Street Parthencus Post Office                       
District Golakulam State Kerala whose photograph is affixed above, and  
am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below and is shown against the relevant disability in the table below:-

Sl. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Language Speech and Disability			
12	Intellectual Disability	Braun	Intellectual	90%

Subnormality  
10-27(VIMS)