

B141950

Page 1 of 1



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: District Head Quarters Hospital, Nalgonda
ID No.of Person with Disability: 23286430050107024
Date of Issue: 22/09/2010



- This is certified that Shri Cheruku Venu , S/o Anjaiah , Male, age 16 years, Talla Malkapuram Habitation, Talla Makapuram Village, Garide Palle Mandal, Nalgonda District, is suffering from Permanent disability of the following category:- Physical(Locomotor/Orthopaedic) Disability.
CTEV.
- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 84% [Eighty Four percent].
- He meets the following physical requirements for discharge of his duties. F-can perform work by manipulating with fingers,PP-can perform work by pulling and pushing,L-can perform work by lifting,KC-can perform work by kneeling and crouching,B-can perform work by bending,S-can perform work by sitting,RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
a)A Mole On The Stomach .
b)A Mole On The Left Hand .

ch.vehu
Signature/Thumb impression
of Person with Disability

Signature

Dr. P.SUGNANESWAR M.S.
(ORTHO)

Designation: Civil Surgeon

Regn.No : 9845

Signature

Dr. B.Subba Rao

Designation: Dy. Civil Asst.
Surgeon

Regn.No : 15147

Signature

Dr. K.SURESH KUMAR

Designation: DCHS

Regn.No : 8956

Note: This is not valid for Medico-Legal cases.

B141982

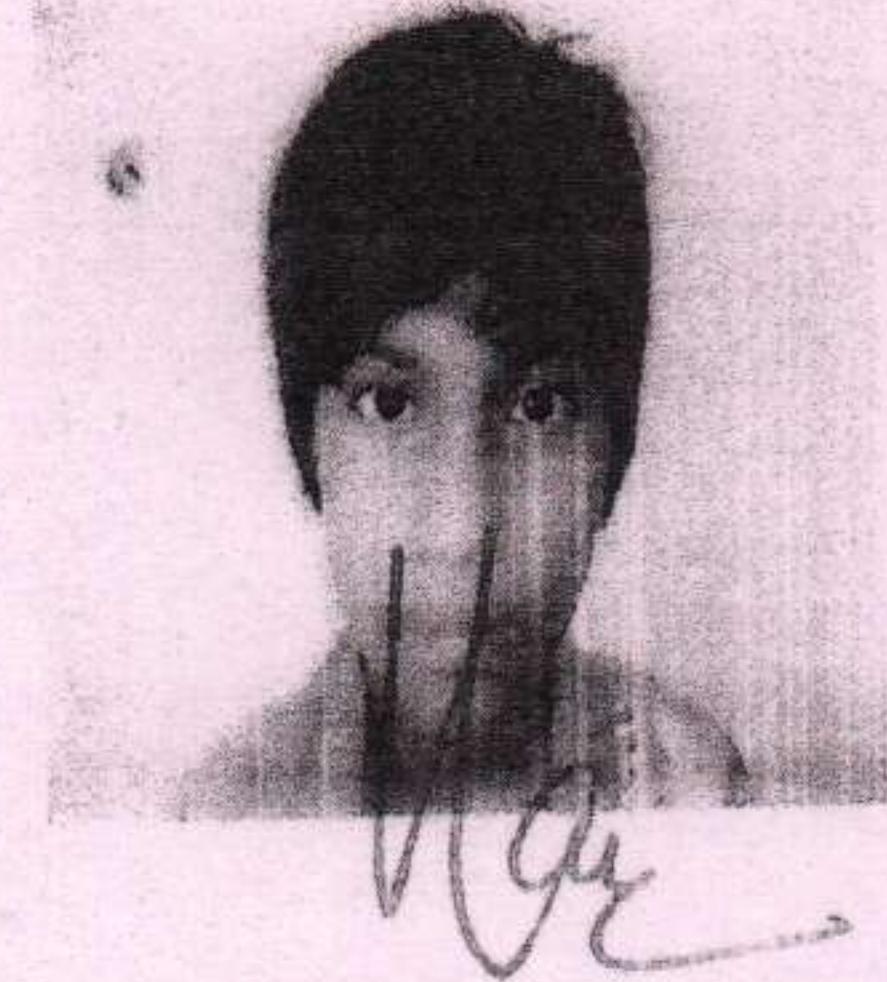


Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

Medical Board: District Head Quarter Hospital, Sangareddy

ID No. of Person with Disability: 17226030100209002

Date of Issue: 26/07/2010



- This is certified that Kumari Padma Aparna, D/o Ashok, Female, age 10 years, resident of H.No.# 6-16, Deevan Palle Habitation, Masan Palle Village, Kalher Mandal, Medak District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to her : Right Lower Limb. Impaired reach, Weakness of grip.
Sub-type of disability :Congenital Deformities of Limbs.

Cause of Disability : Congenital.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 74% [Seventy Four percent].
- She meets the following physical requirements for discharge of her duties. F-can perform work by manipulating with fingers, PP-can perform work by pulling and pushing, L-can perform work by lifting, KC-can perform work by kneeling and crouching, B-can perform work by bending, S-can perform work by sitting, ST-can perform work by standing, W-can perform work by walking, RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
a)A Mole On The Neck .
b)A Mole On The Left Hand .

P. Aparna

Signature/Thumb impression
of Person with Disability

Signature

Dr. S. Hari Kumar Goud

Designation: CAS

Regn.No : 45037

MEMBER

Note: This is not valid for Medico Legal Board,
Dist. Hospital, SANGAREDDY
Medak Dist. A.P.

Signature

Dr. R. Murahari

Designation: CAS

Regn.No : 11891

MEMBER

Dist. Hospital, SANGAREDDY
Medak Dist. A.P.

Signature

Dr. K. Raja Rathnam

Designation: CSS

Regn.No : 10872

CHAIRMAN

Dist. Medical Board,
Dist. Hospital, SANGAREDDY
Dist. Medak A.P.

~~27/6/99
2/7/02~~



Chivendula

G.R.
7

BIA1956

GOVERNMENT OF ANDHRA PRADESH
HANDICAPPED WELFARE DEPARTMENT
MEDICAL CERTIFICATE ORTHOPAEDICALLY HANDICAPPED CANDIDATE

Issued vide G.O.Ms No. 109, W.D.C.W. & Labour Department Dt. 15-6-92

Certified that I Dr. DIST: MEDICAL BOARD NALGONDA.....
 Registration No..... have this.....
 day of 2002 examined
 the applicant whose particulars are given below.

1. Name of the Candidate	:	D. Venkanna
2. Identification Marks	:	2. A Mole on the stomach.
3. Sex	:	Male
4. Father's Name	:	S/o Nagulu
(i) Address	:	Darsay Pally
(ii) R/o	:	Chivendula
(iii) M/o	:	
(iv) D/o	:	
5. Approximate Age	:	6y
6. a) Nature of Disability	:	

(Tick relevant from following list)

Post Polio Paralysis Hemiplegia Quadriplegia
 Malunion fracture Nerve Paralysis upper extremity
 Lower Extremity, Limp painful shortening Deformity
 congenital acquired above knee hip Hemipelvectomy
 symes cheoparts writ fingers below elbow above.
 Elbow Shoulders fore quarter, unilateral bilateral.

b) Extent of Disability

(Estimate in percentage) (Mc Bride Scale) :

On Anatomic Functional (partents) :

Assessment Examiner's Assessment :

Economical basis mention as percenta :

c) Use of appliance (Tick relevant from following list)
 Caliper crutch above knee below knee prosthesis
 cane unilateral bilateral above elbow below elbow
 Hemi pelvectomy shoulder disarticulation.

d) Any operation done or indicated

(Photograph attested) :

e) To show the nature of Disability and
 any applicanace is used.



~~Dr. M. Chivendula Reddy,
Civil Surgeon Specialist
Chairman,~~

~~Dist. Med. CHAIRMAN,
NATIONAL
DISTRICT MEDICAL BOARD
NALGONDA.~~

SIGNATURE OF THE
CANDIDATE

SINGNATURE OF THE
ORTHOPAEDIC SURGEON

~~Dr. Venkanna~~

~~ORTHOPAEDICS
AREA HOSPITAL
SURYAPET.~~

Supplied on free of cost by A. DIVYA ASSTT SURGEON



B14 1947

GOVERNMENT OF ANDHRA PRADESH
DISABLED & SENIOR CITIZENS WELFARE DEPARTMENT

MEDICAL CERTIFICATE ORTHOPAEDICALLY HANDICAPPED CANDIDATE

Issued G.O. Ms. No. 109, W.D.C.W. & Labour Dept. Dated : 15-6-1992

1996
13/5/96

DIST. MEDICAL BOARD

Certified that I Dr.
Registration No.
DIST. MEDICAL BOARD FOR NALGONDA
PHYSICALLY HANDICAPPED have this
day of **NALGONDA** examined that candidate whose particulars are given below :

1. Name of the Candidate : ...
2. Identification Marks : ...
3. Sex : ...
4. Father's Name : ...
- i) Address : ...
- ii) R/o. : ...
- iii) M/o. : ...
- iv) D/o. : ...
5. Approximate : ...
6. a) Nature of Disability :
(Tick relevant from following list)
Post Polio Paralysis Hemiplegia
Quadraplegia Malunited fracture Nerve
Paralysis Upper Extremity. Lower
Extremity, Limp painful shortening
Deformity congenital acquired above knee.
Hip Hemipelvectomyssimes Cheoparts
wrist Fingers below elbow above.
Elbow shoulders fore quarter, unilateral
bilateral.
- b) Extent of Disability :
(Estimate in percentage) (MC Bride
Scale)
On Anatomical Functional (Patients)
Assessment Examiner's Assessment :
Economical basis mention as percentage :
- c) Use of appliance (Tick relevant from
following list) Caliper crutch above knee
below knee prosthesis cane Unilateral
bilateral above elbow below elbow Hemi
pelvectomy shoulder disarticulation : ...
- d) Any operation done or indicated
(Photograph attested)
- e) To show the nature of Disability and
appliance is used

Chairman
District Medical Board
NALGONDA

Civil Surgeon Specialist
Govt. Hs. Hospital, NALGONDA



G. Sri Ponniah
SIGNATURE OF THE
CANDIDATE

CHAIRMAN
DIST. MEDICAL BOARD
NALGONDA.

SIGANTURE OF THE
ORTHOPAEDIC SURGEON

Supplied on free cost by P.D., D.R.D.A. & A.D. Disabled Welfare Dept. Nig.

B151989



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: Prathima Institute of Medical Science , Karimnagar
ID No.of Person with Disability: 20249570070108026
Date of Issue: 22/01/2011



- This is certified that Kumari Ponnala Vasundara , D/o Vijaya Shankar , Female, age 10 years, resident of H.No.# 3-50/2, Shivapally Habitation, Shivapally Village, Eligaid Mandal, Karimnagar District, is suffering from Permanent disability of the following category:-
Visual Impairment.
Sub-type of disability :Low Vision

Cause of Disability : Congenital-WorseEye.

Left eye pseudophakia.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 40% [Fourty percent].
- Identification Marks of Person with Disability:-
a)A Mole On The Left Side Cheek .
b)A Mole On The Right Side Eye .

P. Vasundara

Signature/Thumb impression
of Person with Disability

Sushma
Signature

Dr. Sushma

Designation: CAS

Regn.No. : 63999

Jagan Mohan
Signature

Dr. Jagan Mohan

Designation: CAS

Regn.No : 7029

Signature

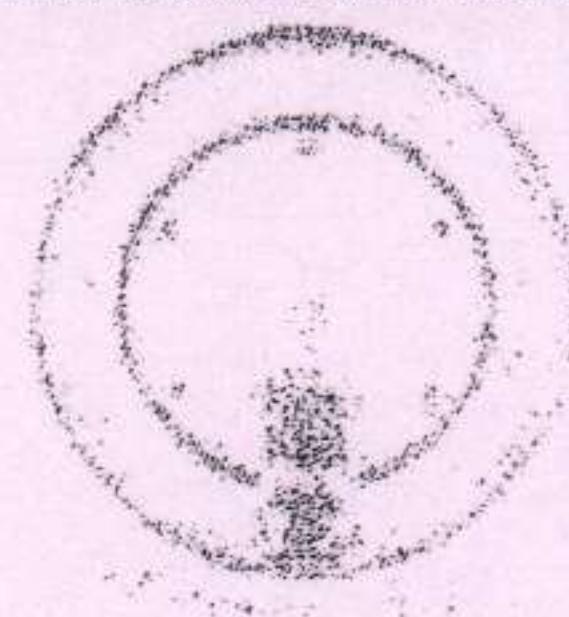
Dr. Y.Narendra

Designation: Chairman, M.B.,
PIMS

Regn.No : 13577

Note: This is not valid for Medico-Legal cases.

B152000



Government of Andhra Pradesh
CERTIFICATE FOR PERSON WITH DISABILITY

Medical Board: District Head Quarter Hospital, Sangareddy
ID No. of Person with Disability: 17225310200118007
Date of Issue: 29/06/2010

- This is certified that Shri GADDAMEDI RAMESH, S/o G BAKKIAH, Male, age 12 years, Badampet Habitation, Badampet Village, Kohir Mandal, Medak District, is suffering from Permanent disability of the following category:-
Visual Impairment.
Sub-type of disability :Blind ness
- Cause of Disability : Congenital-BetterEye,Congenital-WorseEye.
- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 75% [Seventy Five percent].
- He meets the following physical requirements for discharge of his duties. SE-can perform work by seeing
- Identification Marks of Person with Disability:-
a)A Mole On Under Right Eye .
b)N .

Signature/Thumb impression
of Person with Disability

Signature
Dr. K. Vishnumurthy
Designation: CSS
Regn.No : 8164

Signature
Dr. R. Murahari
Designation: CAS
Regn.No : 11891

Signature
Dr. K. Raja Rathnam
Designation: CSS
Regn.No : 10872

Note: This is not valid for Medico-Legal cases.
Dist. Medical Board,
Dist. Hospital, SANGAREDDY,
Medak Dist, A.P.

MEMBER
Chairman
Dist. Medical Board,
Dist. Hospital, SANGAREDDY,
Medak Dist, A.P.

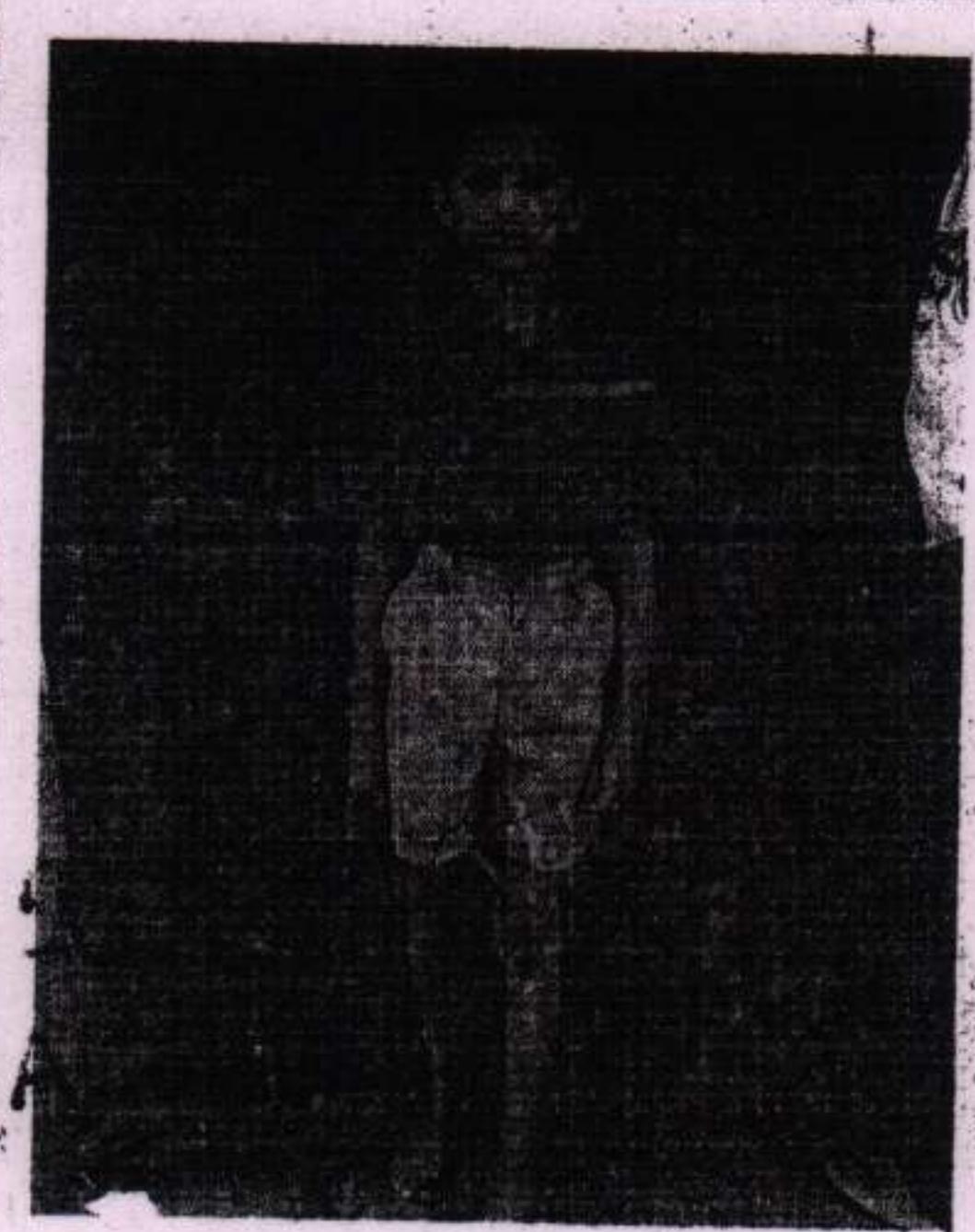
(2)

WAP : 191501540039

GOVERNMENT OF ANDHRA PRADESH

**RAJIV GANDHI INSTITUTE OF MEDICAL SCIENCES
(RIMS) ADILABAD**

B151994



Asst.
RIMS

**MEDICAL CERTIFICATE IN RESPECT OF PERSONS WITH
DISABILITIES ORTHOPAEDICALLY HANDICAPPED**

(Issued under authority vide G.O.Ms.No.109 W.D. & C.W. and Labour Dept. dt. 15-06-1992)

Reg. No. Certificate 3351210 /OH/2008-09

Dated: 30/4/2010

Certified that we members of District Medical Board Rajiv Gandhi Institute of Medical Sciences (RIMS) Adilabad, Andhra Pradesh certify after careful examination that the applicant whose particulars are given below falls within the above definition.

THIS CERTIFICATE IS NOT VALID FOR JUDICIAL PURPOSE

1. Name of the Candidate :: Vimal (Erfcar)
2. Father's Name :: S/o Yashwant
3. Sex :: Male
4. Age :: 10. years (8e)
5. Identification Marks ::
6. Full Postal Address :: HNO 5-130/1, Pardi (B) ml Kuber
7. Nature of Disability (Diagnosis) :: Monoparesis @ Lc
8. Extent of Disability (MC Bride Scale) :: 40% (full paret)
9. Use of any appliance ::
10. Any Operation done ::
11. Photograph to Show Nature of Disability attested ::
12. Any other particulars to clarify the nature and extent of Disability ::

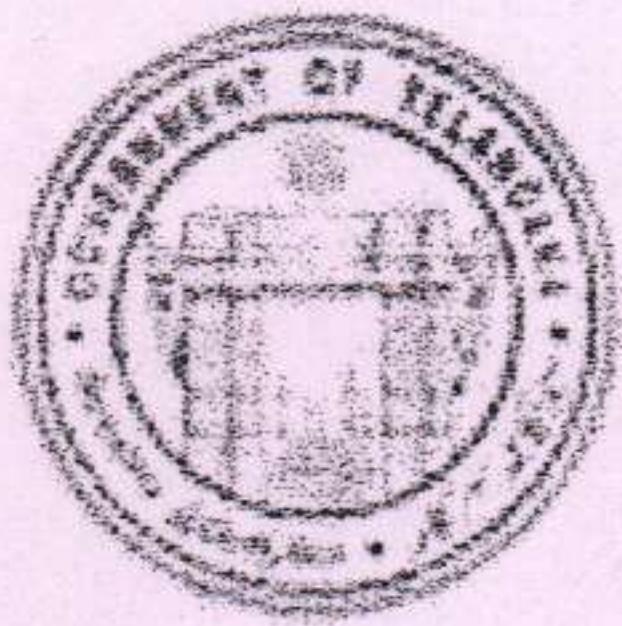
Signature of Applicant.



Chairman
Civil Surgeon
RIMS ADILABAD
Specialist
Medical Board

Member
ORTHOSURGEON
Medical Board ADILABAD

B151990



Government of Telangana CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: Area Hospital, Kondapur
ID No.of Person with Disability: 15204180320126161
Date of Issue: 17/07/2015

- This is certified that Kumari Kasireddy Madhuri, D/o D/O Kasireddy Ramreddy, Female, age 15 years, resident of H.No.# LIG 89, Chevella Habitation, Chevella Village, Cevella Mandal, Ranga Reddy District, is suffering from Permanent disability of the following category:-

Physical(Locomotor/Orthopaedic) Disability.

The disability is in relation to her : Left Lower Limb. Impaired reach.

Sub-type of disability :Post Polio Residual Paralysis (PPRP).

Cause of Disability : Disease and Infection.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 85% [Eighty Five percent].
- Identification Marks of Person with Disability:-
 - a)A Mole On The Right Hand .
 - b)No Mark .

K. Madhuri

Signature/Thumb impression
of Person with Disability

Signature

Dr. Madhu Sudhan

Designation: CAS ORTHO

Regn.No : 54882

Signature

Dr. P. Hari Prasad

Designation: CSRMO

Regn.No : 17761

Signature

Dr. Om Prakash Singh

Designation: Superintendent

Regn.No : 10009

Note: This is not valid for Medico-Legal cases.

B151998

	<p>Government of Andhra Pradesh IDENTITY CARD FOR PERSON WITH DISABILITY</p> <p>Medical Board of Area Hospital, Mahabubabad</p>
<p>ID No: 21264210150116110 Name (పేరు) : JATOTHU SAILAJA (జాతోతు శైలాజా) Father(పండితు) / Gaurdian Name(సంరక్షకుడు పేరు) : MALSUR (మాల్సురు) Date of Issue(జారి చేసిన తారు) : 27/11/2010 Valid Upto(కాలపరిమతి) : Lifetime (అవించాలం) Date of Birth (పుట్టిన తేది) : 27/11/1999 Age (వయస్సు) : 11 Sex (లింగము) : Female (♀) Address (పిరువామూ) : # Maripeda, Maripeda ,Maripeda, Warangal. Identification Marks (గుర్తింపు చిహ్నాలు) : 1. A MOLE ON THE RIGHT HAND . 2. A MOLE ON THE LEFT HAND . J. Shailaja Signature/Thumb impression</p>	

<p>Nature of Disability (ఇశాంగభ్యం) : Permanent Physical(Locomotor/Orthopaedic) (శివించాలం శారీరక వికారాల్భయం)</p> <p>Percentage of Impairment (ఇశాంగభ్య శాంతం) : 80.0%</p>
<p>Doctor : <i>K.Chandrashekhar</i> Signature : Name : Dr. K CHANDRASHEKHAR Designation : CAS(ORTHO) Registration No : 51166</p> <p>Doctor : <i>K.Prabhavathi</i> Signature : Name : Dr. K. PRABHAVATHI Designation : CIVIL SURGEON(RMO) Registration No : 9021</p> <p>Doctor : <i>S.Bheem Sagar</i> Signature : Name : Dr. S BHEEM SAGAR Designation : MEDICAL SUPERINTENDENT Registration No : 12796</p>
<p>NOTE :- 1. This card is valid for claiming Air / Bus / Rail Concession and benefits sanctioned for eligible disabled persons, by authorities concerned / Government of A.P.</p> <p>2. All particulars, except disability and degree of disability, are based on information given by I-card holder.</p>

B151983



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board:

Mahathma Gandhi Memorial
Hospital, Warangal

ID No.of Person with
Disability:

21270810120000102

Date of Issue:

25/03/2011



- This is certified that Kumari GADIPELLI SUPRIYA , D/o KANNAIAH , Female, age 11 years, 12th Ward Habitation, 12th Ward Village, Warangal (urban) Mandal, Warangal District, is suffering from Permanent disability of the following category:-
Visual Impairment.
Sub-type of disability :Low Vision

Cause of Disability : Congenital-WorseEye.
RIGHT EYE MICROPHTHALMOS.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 40% [Fourty percent].
- Identification Marks of Person with Disability:-
a)A MOLE ON THE RIGHT HAND .
b)A MOLE ON THE LEFT CHEEK .

G. Supriya

Signature/Thumb impression
of Person with Disability

Signature

Dr. D. VENKATASWAMY

Designation: ASSOCIATE
PROFESSOR

Regn.No : 10455

Signature

Dr. K. NAGESHWAR RAO

Designation: CIVIL SURGEON-
RMO

Regn.No : 10464

Signature

Dr. E.ASHOK KUMAR

Designation:
SUPERINTENDENT

Regn.No : 7148

Note: This is not valid for Medico-Legal cases.

B151982



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board:

Government Medical
Board, Mahabubnagar

**ID No.of Person with
Disability:**

14193810200000015



Date of Issue:

22/11/2010

- This is certified that Shri DI VADAY TEJA , S/o ANBASH LINGAM , Male, age 11 years, resident of H.No.# 20-1-51, Ward No - 23 Habitation, Ramnagar - 23 Village, Mahabubnagar (urban) Mandal, Mahabubnagar District, is suffering from Permanent disability of the following category:-
Visual Impairment.
Sub-type of disability :Low Vision

Cause of Disability : Congenital-WorseEye.
RE MACULAR DYSTROPHY C NYSTAGMUS.

- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 40% [Fourty percent].
- Identification Marks of Person with Disability:-
a)A Mole On The Neck .
b)A Mole On The Neck .

Signature/Thumb impression
of Person with Disability

Signature

Dr. J. Rammohan

Designation: Civil Surgeon

Regn.No : 11576

Signature

Dr. D. Ramu Naik

Designation: Civil Surgeon

Regn.No : 41193

Signature

Dr. M.S. Padmaja

Designation: DCHS

Regn.No : 14454

Note: This is not valid for Medico-Legal cases.

B151978



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board:

Government District
Hospital, Nizamabad

ID No.of Person with
Disability:

18231230140114097

Date of Issue:

19/06/2013



This is certified that Shri Balla Ranjeth , S/o Ramesh , Male, age 13 years, resident of H.No.# 1-43, Honnajipeta Habitation, Honnajipet Village, Sirikonda Mandal, Nizamabad District, is suffering from Permanent disability of the following category:-

Hearing Impairment (Severe).

Loss of 63(Sixty Three) decibels in the better ear in the conversational range of frequencies .

Cause of Disability : Congenital.

Re-assessment of this case is not recommended.

Percentage of disability in his case is 57% [Fifty Seven percent].

Identification Marks of Person with Disability:-

- a)A Mole On The Face .
- b)A Mole On The Right Hand .

Signature

Dr. LAKPATHI

Designation: ASST
PROFESSOR (ENT)

Regn.No : 35150

Signature

Dr. C. SRAVAN KUMAR

Designation: I/C. CIVIL
SURGEON, RMO

Regn.No : 10005

Signature/Thumb impression
of Person with Disability

Signature

Dr. B. BHEEMSINGH

Designation: MEDICAL
SUPERINTENDENT

Regn.No : 11866

Note: This is not valid for Medico-Legal cases.

B151975



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: District Head Quarters Hospital, Nalgonda

ID No. of Person with Disability: 23289220090109089

Date of Issue: 27/05/2013

- This is certified that Kumari Eepuri Umamaheshwari, D/o Nagaiah, Female, age 13 years, Mandra Habitation, Mandra Village, Narketpalle Mandal, Nalgonda District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to her : Left Lower Limb. Impaired reach.
Sub-type of disability :Post Traumatic Sequel-Limbs.

Cause of Disability : Accident.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 47% [Fourty Seven percent].
- She meets the following physical requirements for discharge of her duties. F-can perform work by manipulating with fingers,PP-can perform work by pulling and pushing,L-can perform work by lifting,KC-can perform work by kneeling and crouching,B-can perform work by bending,RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
a)A Mole On The Left Cheek .
b)A Mole On The Left Cheek .

Signature

Dr. M. Hussain Reddy MS(Ortho)

Designation: Civil Asst Surgeon

Regn.No : 43100

Signature

Dr. B Subba Rao

Designation: Civil Surgeon RMO

Regn.No : 15147

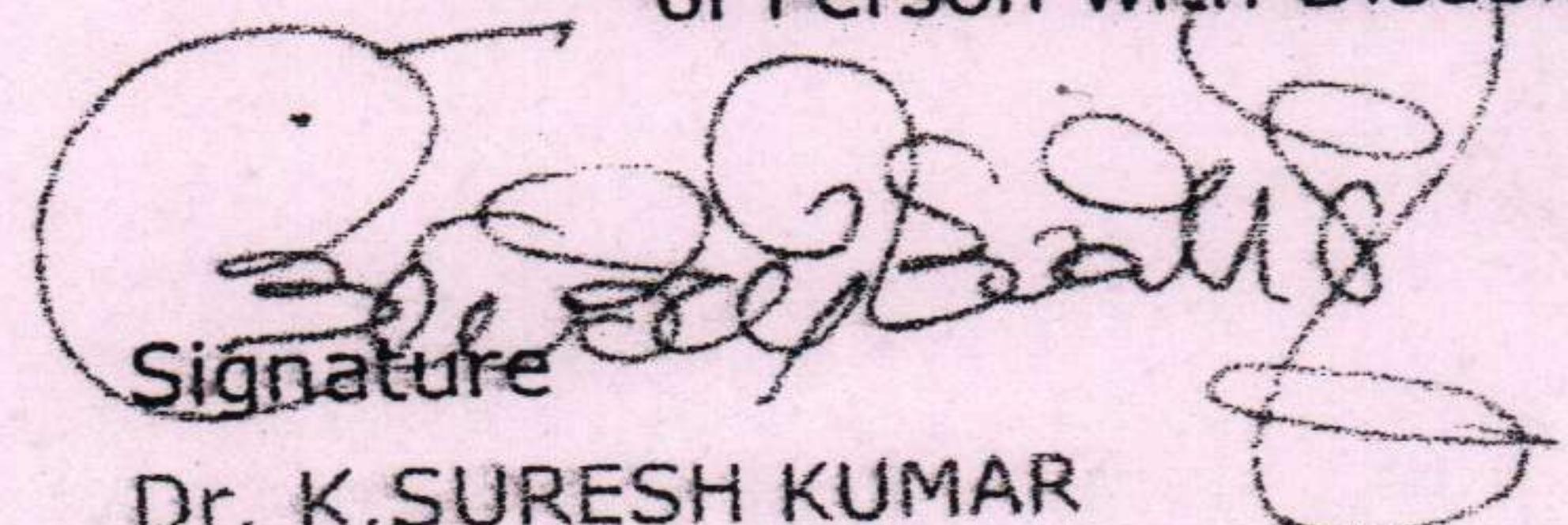
Signature

Dr. K. SURESH KUMAR

Designation: DCHS

Regn.No : 8956

E. umamaheshwari
Signature/Thumb impression
of Person with Disability



Note: This is not valid for Medico-Legal cases.

B151977

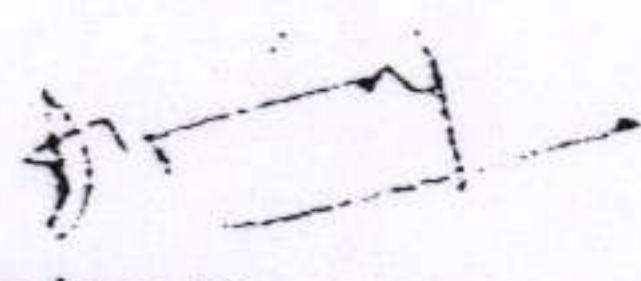
Government of Andhra Pradesh
CERTIFICATE FOR PERSON WITH DISABILITY
(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated
01.01.2009)



Medical Board: Area Hospital, Mancherial
ID No. of Person with Disability: 19245330260115044
Date of Issue: 10/01/2011

- This is certified that Kumari Thotakura Niharika , D/o Srinivas , Female, age 10 years, resident of H.No.# 3-7, Teegalpahad Habitation, Teegalpanad Village, Mancherial Mandal, Anilabad District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to her : Bilateral Lower Limb. Impaired reach
Sub-type of disability :Cerebral Palsy (CP)
- Cause of Disability : Congenital.
Cerebral palsy paraparesis.
- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 79% [Seventy Nine percent].
- She meets the following physical requirements for discharge of her duties. ST-can perform work by standing.
- Identification Marks of Person with Disability:-
 - a)A Mole On The Left Leg .
 - b)No .

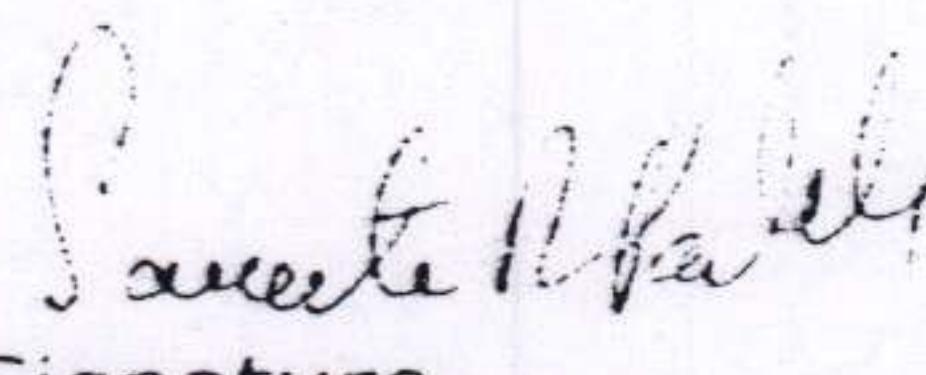
K. Niharika
Signature/Thumb impression
of Person with Disability


Signature

Dr. A.ARAVIND

Designation: CIVIL ASST
SURGEON

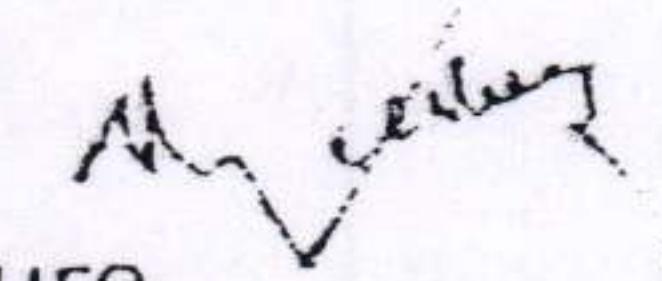
Regn.No : 41167


Signature

Dr. P.SAMATHA

Designation: CIVIL SURGEON
SPECIALIST

Regn.No : 9334


Signature

Dr. A.BHEESHAMA

Designation: MEDICAL
SUPRIENDENT

Regn.No : 12737

Note: This is not valid for Medico-Legal cases.

B151972



158

Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: Government District Hospital, Nizamabad
 ID No. of Person with Disability: 18230060090109041
 Date of Issue: 23/01/2012



- This is certified that Kumari Linganpalli Gouthami, D/o Ravi, Female, age 13 years, resident of H.No.# 1-18, Timmapur Habitation, Timmapur Village, Mortad Mandal, Nizamabad District, is suffering from Permanent disability of the following category:- Physical(Locomotor/Orthopaedic) Disability.
 The disability is in relation to her : Bilateral Lower Limb,Trunk. Impaired reach.
 Sub-type of disability :Muscular Weakness.

- Cause of Disability : Congenital.
- Re-assessment of this case is not recommended.
 - Percentage of disability in her case is 83% [Eighty Three percent].
 - Identification Marks of Person with Disability:-
 - a)A Mole On The Right Hand .
 - b)A Mole On The Chest .

Signature/Thumb impression
of Person with Disability

Signature

Dr. N. RAVIKIRAN

Designation: CIVIL ASST
SURGEON

Regn.No : 34884

Signature

Dr. K. E. JAI
SURYANARAYANA

Designation: CIVIL
SURGEON

Regn.No : 10689

Signature

DR. B.TULASI BAI

Designation:
DCHS/CHAIRMAN & C.S.S

Regn.No : 15367

Note: This is not valid for Medico-Legal cases.

B162180.



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: Area Hospital, Vanastalipuram
ID No.of Person with Disability: 15212140260115146
Date of Issue: 20/05/2013

- This is certified that Shri Vadhulapuram Shanthosh Kumar, S/o Narayana , Male, age 13 years, resident of H.No.# 2-75, Thorur Habitation, Thorur Village, Hayathnagar Mandal, Ranga Reddy District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to his : Left Upper Limb.
Sub-type of disability :Congenital Deformities of Limbs.

- Cause of Disability : Congenital.
- Re-assessment of this case is not recommended.
 - Percentage of disability in his case is 61% [Sixty One percent].
 - Identification Marks of Person with Disability:-
a)A Mole Mon The Face .
b)A Mnole On The Right Hand .

X ✓. santhosh
Signature/Thumb impression
of Person with Disability

Signature
Dr. Venugopal Palakurthi
Designation: MS (ORTHO)
Regn.No : 50256

Signature
Dr. M Sujatha
Designation: RMO CIVIL
SURGEON
Regn.No : 14555

Signature
Dr. K Badra Naik
Designation: Medical
superintendent
Regn.No : 16736

Note: This is not valid for Medico-Legal cases.

B16 1975



Government of Telangana CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: District Government Civil Hospital, Karimnagar

ID No.of Person with Disability: 20254840270000026

Date of Issue: 20/01/2016



- This is certified that Shri Bandari Srikanth , S/o Yadaiah , Male, age 14 years, resident of H.No.# 8-2-284, 27th Ward Habitation, 28th Ward Village, Karimnagar(Urban) Mandal, Karimnagar District, is suffering from Temporary disability of the following category:-
Hearing Impairment (Severe).
Loss of 70(Seventy) decibels in the better ear in the conversational range of frequencies .

Cause of Disability : Congenital.

- Re-assessment of this case is recommended after a period of 5 years.
- Percentage of disability in his case is 68% [Sixty Eight percent].
- He meets the following physical requirements for discharge of his duties. He can perform work by hearing/speaking.
- Identification Marks of Person with Disability:-
a)A Mole On The Left Hand .
b)A Mole On The Neck .

W.B.S.D.O.T
Signature/Thumb impression
of Person with Disability

(Signature)
Signature

Dr. T. Shashidhar

Designation: CAS

Regn.No : 61462

(Signature)
Signature

Dr. Laxmidevi

Designation: RMO

Regn.No : 10692

(Signature)
Signature

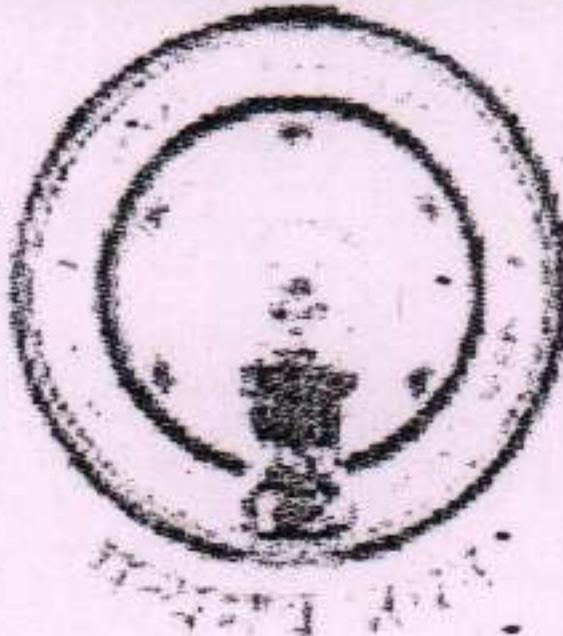
Dr. A. Suhasinee

Designation: Superintendent

Regn.No : 40038

Note: This is not valid for Medico-Legal cases.

B161969



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: Mahathma Gandhi Memorial Hospital, Warangal

ID No. of Person with Disability: 21272430080111075

Date of Issue: 13/06/2013



- This is certified that Shri MOHAMMED SHAPHAD , S/o SHAMSHODDIN , Male, age 13 years, Bhupalpalli Habitation, Bhupalpalli Village, Bhupalpalle Mandal, Warangal District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to his : Left Upper Limb. Weakness of grip.
Sub-type of disability :Congenital Deformities of Limbs.

Cause of Disability : Congenital.
Congenital left radial hemimelia.

- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 83% [Eighty Three percent].
- He meets the following physical requirements for discharge of his duties. KC-can perform work by kneeling and crouching,B-can perform work by bending,S-can perform work by sitting,ST-can perform work by standing,W-can perform work by walking,RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
a)A Mole On The Right Hand Wrist .
b)A Mole On The Back Bone .

Signature/Thumb impression
of Person with Disability

Signature

Dr. VENKAT.LAKAVATH

Designation:
ASST.PROFESSOR OF
ORTHO

Regn.No : 40472

Signature

Dri K. NAGESHWAR RAO

Designation: CIVIL
SURGEON - RMO

Regn.No : 10464

Signature

Dr. K. MANOHAR

Designation:
SUPERINTENDENT

Regn.No : 9794

Note: This is not valid for Medico-Legal cases.

B1b2115



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: Area Hospital, Kamareddy
ID No. of Person with Disability: 18232360150112067
Date of Issue: 23/07/2011



- This is certified that Kumari Pandari Divya, D/o Venkatreddy, Female, age 8 years, resident of H.No.# 6-84, Mahammadapoor Habitation, Mohammadapur Village, Domakonda Mandal, Nizamabad District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to her : Left Lower Limb. Impaired reach.
Sub-type of disability :Cerebral Palsy (CP).

Cause of Disability : Congenital.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 88% [Eighty Eight percent].
- Identification Marks of Person with Disability:-
 - a)A Mole On The Face .
 - b)A Mole On The Left Cheek .

Signature/Thumb impression
of Person with Disability

Signature

Dr. J.AJAY KUMAR

Designation: CIVIL ASST
SURGEON

Regn.No : 13130

Signature

Dr. J.AJAY KUMAR.

Designation: CIVIL ASST
SURGEON

Regn.No : 13130.

Signature

Dr. G.BALKISHAN RAO

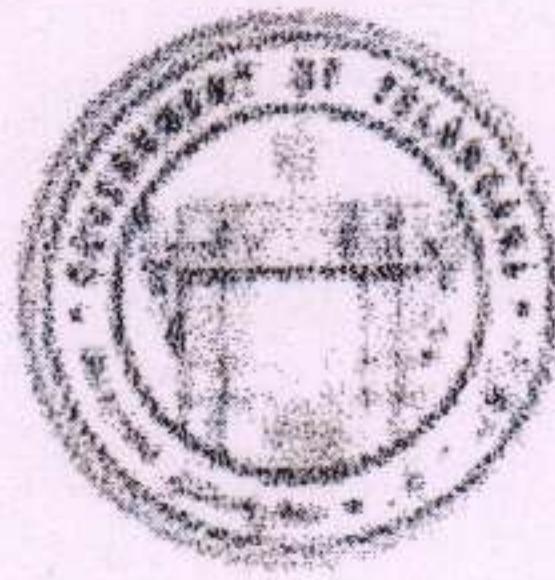
Designation: CIVIL SURGEON
SPECIALIST

Regn.No : 9304

Note: This is not valid for Medico-Legal cases.

*Dated
20/07/2011*

B162138



Government of Telangana CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: Area Hospital, Vanasthalipuram
ID No. of Person with Disability: 15212140180110189
Date of Issue: 14/07/2015

- This is certified that Shri Bodapati Noble Teja, S/o Bodapati Brahmaiah, Male, age 14 years, resident of H.No.# 7-20, Kuntloor Habitation, Kuntloor Village, Hayathnagar Mandal, Ranga Reddy District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to his : Right Upper Limb. Impaired reach, Weakness of grip.
Sub-type of disability :Congenital Deformities of Limbs.

- Cause of Disability : Congenital.
- Re-assessment of this case is not recommended.
 - Percentage of disability in his case is 65% [Sixty Five percent].
 - He meets the following physical requirements for discharge of his duties. KC-can perform work by kneeling and crouching,B-can perform work by bending,S-can perform work by sitting,ST-can perform work by standing,W-can perform work by walking.
 - Identification Marks of Person with Disability:-
a)A Mole On The Left Arm .
b)None .

B. Noble Tej
Signature/Thumb impression
of Person with Disability

Praveen
Signature

Dr. D Praveen

Designation: MS (ORTHO)

Regn.No : 48815

M. Sujatha
Signature

Dr. M Sujatha

Designation: RMO CIVIL
SURGEON

Regn.No : 14555

N.V.S.S. Subba Raju
Signature

Dr. N.V.S.S Subba Raju
Designation: Medical
Superintendent

Regn.No : 12524

Note: This is not valid for Medico-Legal cases.

B161971



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: Prathima Institute of Medical Science , Karimnagar
ID No.of Person with Disability: 20249310090110144
Date of Issue: 26/07/2011



- This is certified that Shri Gaddam Sai Ganesh, S/o Jamal, Male, age 10 years, resident of H.No.# 7-64/4, Sulthanabad Habitation, Sultaanaabaad Village, Sultanabad Mandal, Karimnagar District, is suffering from Permanent disability of the following category:- Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to his : Right Lower Limb. Impaired reach.
Sub-type of disability :Congenital Deformities of Limbs.

- Cause of Disability : Congenital.
Equinus defocnety right left leg .
• Re-assessment of this case is not recommended.
• Percentage of disability in his case is 72% [Seventy Two percent].
• Identification Marks of Person with Disability:-
a)A Mole On Left Cheek .
b)A Mole On The Neck .

Signature/Thumb impression
of Person with Disability

Signature
Dr. Bindesh
Medical Superintendent
Prathima Institute of Medical Sciences
Designation: Orthopaedics
Regn.No : 78192

Signature

Dr. Y.Narendra

Designation:

Chairman, M.D.,

PIMS

Regn.No : 13577

Note: This is not valid for Medico-Legal cases.

B161965

18



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: Area Hospital, Ramagundam
ID No.of Person with Disability: 20250850170000068
Date of Issue: 16/05/2012

- This is certified that Shri Gottemukkula Rohith, S/o Ravindar, Male, age 10 years, resident of H.No.# 16-2-150, 17th Ward Habitation, 17th Ward Village, Ramagundam (urban) Mandal, Karimnagar District, is suffering from Permanent disability of the following category:-

Visual Impairment.

Sub-type of disability :Low Vision

Cause of Disability : Disease-WorseEye.

LE Corneal opacity.

- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 40% [Fourty percent].
- He meets the following physical requirements for discharge of his duties. RW-can perform work by reading and writing,SE-can perform work by seeing.
- Identification Marks of Person with Disability:-
 - a)A Mole On The Right Leg .
 - b)A Mole On The Left Chest .

Signature/Thumb impression
of Person with Disability

Signature

Dr. Srinivas

Designation: MBBS-DO

Regn.No : 44401

Signature

Dr. SVS.Shesu Kumar

Designation: Medical Superintendent

Regn.No : 12516

Signature

Dr. G. Shivaprakash

Designation: DCHS

Regn.No : 11012

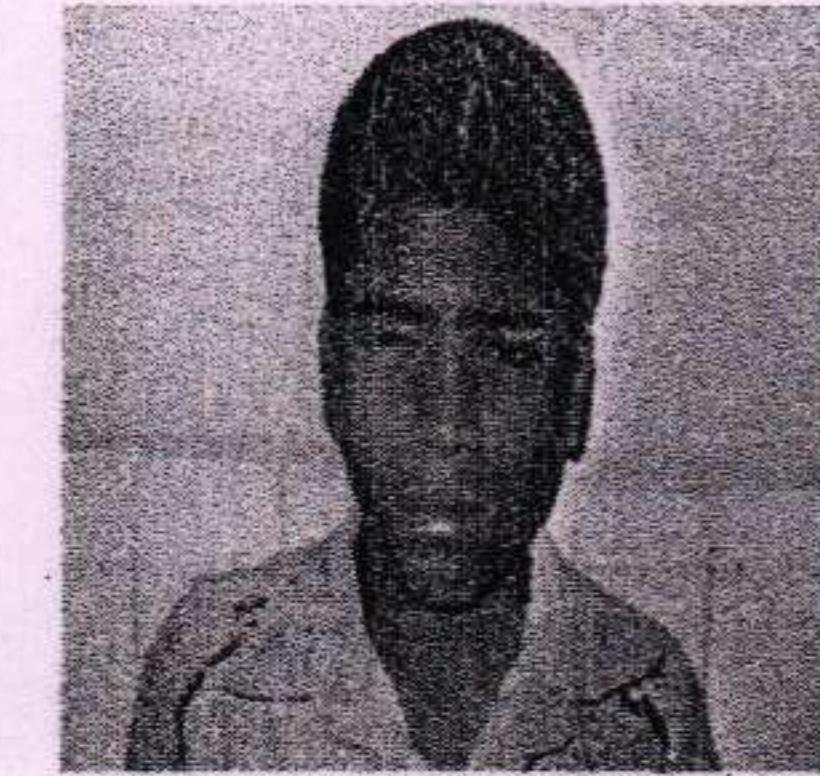
Note: This is not valid for Medico-Legal cases.

B1 b1953



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: Area Hospital, Ramagundam

ID No.of Person with Disability: 20250850060000057

Date of Issue: 16/11/2011

- This is certified that Shri Velpula Charan , S/o Rajendar , Male, age 12 years, resident of H.No.# 6-5-528/1, 6th Ward Habitation, 6th Ward Village, Ramagundam (urban) Mandal, Karimnagar District, is suffering from Permanent disability of the following category:-
Visual Impairment.
Sub-type of disability :Blind ness

Cause of Disability : Congenital-BetterEye,Congenital-WorseEye.
RE pthsisi bulbi le optic atrophy.

- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 75% [Seventy Five percent].
- He meets the following physical requirements for discharge of his duties. RW-can perform work by reading and writing,SE-can perform work by seeing.
- Identification Marks of Person with Disability:-
a)A Mole On The Left Leg .
b)A Mole On The .

Signature/Thumb impression
of Person with Disability

.....
Signature...

Dr. Srinivas

Designation: MBBS-DO

Regn.No : 44401

.....
Signature

Dr. SVS.Sheshu Kumar

Designation: Medical Superintendent

Regn.No : 12516

.....
Signature

Dr. G.Shivaprakash

Designation: DCHS

Regn.No : 11012

Note: This is not valid for Medico-Legal cases.

B1b2134



Government of Andhra Pradesh
CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: Area Hospital, Kamareddy

ID No. of Person with Disability: 18232360030103449

Date of Issue: 07/02/2014

- This is certified that Shri Linga Linga Surya, S/o Venkatesham , Male, age 14 years, resident of H.No.# 13-21/1, Domakonda Habitation, Domakonda Village, Domakonda Mandal, Nizamabad District, is suffering from Permanent disability of the following category:-
Visual Impairment.
Sub-type of disability :Low Vision.

- Cause of Disability : Congenital-WorseEye.
- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 40% [Fourty percent].
- He meets the following physical requirements for discharge of his duties. SE-can perform work by seeing.
- Identification Marks of Person with Disability:-
 - a)A Mole On The Left Finger .
 - b)A Mole On The Hed .

Signature/Thumb impression
of Person with Disability

K. Deepthi Sampath.

Signature

Dr. DEEPTHI SAMPATH.K

Designation: MS OPHTHAL.

Regn.No : 63666

Signature

Dr. VIJAYA LAXMI

Designation: CIVIL ASST SURGEON

Regn.No : 13131

Signature

Dr. J. AJAY KUMAR

Designation: CIVIL SURGEON SPECIALIST

Regn.No : 13136

Note: This is not valid for Medico-Legal cases.



Government of Andhra Pradesh
IDENTITY CARD FOR
PERSON WITH DISABILITY

Medical Board of Area Hospital, Kamareddy

ID No: 18232360030103449

Name (పేరు) : Linga Linga Surya
(లింగ లింగ సుర్య)



Father(అట్లా) /
Guardian Name(సంరక్షకుడు పేరు) :

Venkatesham (వెంకట్టామ)

Date of Issue(ఫారి చెనిస తరువాత) : 07/02/2014

Valid Upto(కాలపరిమతి) : Lifetime (జీవితానించి)

Date of Birth (పుట్టిన తరువాత) : 07/02/2000

Age (వయస్సు) : 14

Sex (లింగము) : Male (పురుషుడు)

Address (ఎఱువాయా) : # 13-21/1, Domakonda,
Domakonda, Domakonda,
Nizamabad.

Identification Marks (గుర్తించిపులు) :

1. A Mole On The Left Finger .
2. A Mole On The Head .

Signature/Thumb impression

Nature of Disability (ఇంగార్ట్స్) : Permanent

Visual Low Vision

(ఇంకాలు ప్రశ్న ఉపాయం)

Percentage of Impairment (ఇంగార్ట్స్ రూటం) :

40.0%

Doctor

Signature :

Name : Dr. DEEPTHI SAMPATH.K

Designation : MS OPHTHAL

Registration No : 63666

Doctor

Signature :

Name : Dr. VIJAYA LAXMI

Designation : CIVIL ASST SURGEON

Registration No : 13131

Doctor

Signature :

Name : Dr. J. AJAY KUMAR

Designation : CIVIL SURGEON SPECIALIST

Registration No : 13136

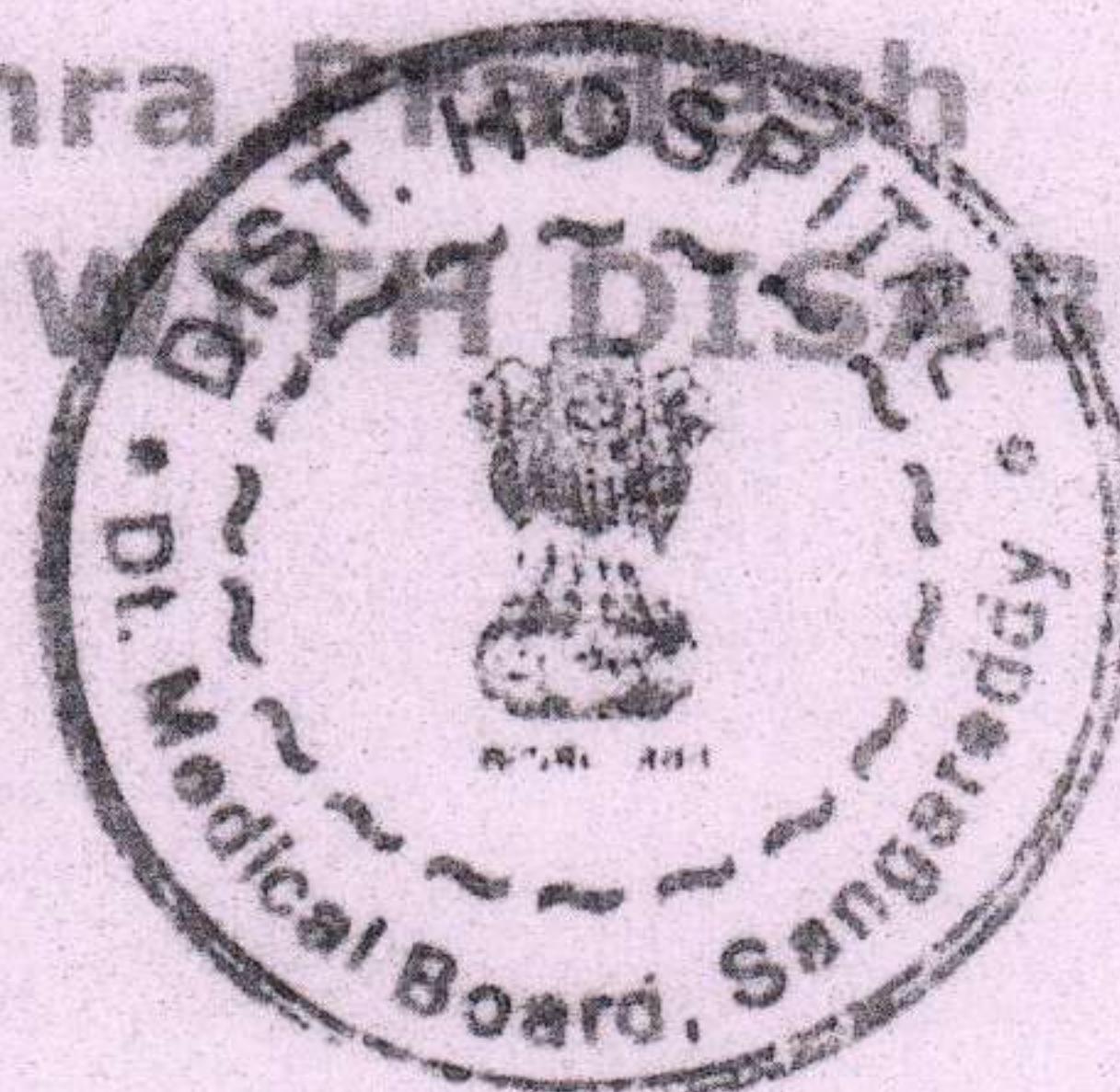
NOTE :- 1. This card is valid for claiming Air / Bus / Rail Concession and benefits sanctioned for eligible disabled persons, by authorities concerned / Government of A.P.

2. All particulars, except disability and degree of disability, are based on information given by I-card holder.

B141984



Government of Andhra Pradesh
CERTIFICATE FOR PERSON WITH DISABILITY



Medical Board: District Head Quarter Hospital, Sangareddy
 ID No. of Person with Disability: 17223410300112094
 Date of Issue: 11/08/2010

- This is certified that Kumari Kalyanama Shivarajeshwari, D/o Potu Raaju, Female, age 8 years, resident of H.No.# 6-27, Narsapur Habitation, Narsapur Village, Narsapur Mandal, Medak District, is suffering from Permanent disability of the following category:- Physical(Locomotor/Orthopaedic) Disability.
- The disability is in relation to her : Left Lower Limb. Impaired reach.
 Sub-type of disability :Post Polio Residual Paralysis (PPRP).

Cause of Disability : Disease and Infection.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 57% [Fifty Seven percent].
- She meets the following physical requirements for discharge of her duties. F-can perform work by manipulating with fingers, PP-can perform work by pulling and pushing, L-can perform work by lifting, S-can perform work by sitting, RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
 - a) A Mole On The Right Leg .
 - b) A Mole On The Cheek .

K. Shiva Rajeshwari
 Signature/Thumb impression
 of Person with Disability

Signature *C. Kalyan*
 Dr. K. Kalyan Chakravarthi
 Designation: Orthopaedic Surgeon
 Regn.No : 55404

Signature *Murahari*
 Dr. R. Murahari
 Designation: CAS
 Regn.No : 11891

Signature *K. Raja Rathnam*
 Dr. K. Raja Rathnam
 Designation: CSS
 Regn.No : 10872

Note: This is not valid for Medico-Legal cases.

MEMBER
 Dist. Medical Board,
 Dist. SANGAREDDY,
 Medak Dist. A.P

MEMBER
 Dist. Medical Board,
 Dist. Hospital, SANGAREDDY,
 Medak Dist. A.P

CHAIRMAN
 Dist. Medical Board,
 Dist. Hospital, SANGAREDDY
 Medak Dist. A.P.

B141991



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY



Medical Board: District Head Quarters Hospital, Nalgonda

ID No. of Person with Disability: 23293360060105075

Date of Issue: 09/06/2010

- This is certified that Shri Madugula Mahesh, S/o Jangaiah, Male, age 13 years, resident of H.No.# 6-, Narayanapur Village, Narayanapur Mandal, Nalgonda District, is suffering from permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to his : Left Lower Limb. Impaired reach.
Sub-type of disability :Post Traumatic Sequel-Limbs.

Cause of Disability : Accident.

- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 69% [Sixty Nine percent].
- Identification Marks of Person with Disability:-
 - a)A Mole On The Right Hand .
 - b)A Mole On The Stomach .

M. Sudarshan

Signature/Thumb impression
of Person with Disability

Signature

Dr. V. Srinivas

Designation: Asst. Professor

Regn.No : 52256

Signature

Dr. John Shekhar Raju

Designation: Asst. Professor

Regn.No : 41945

Signature

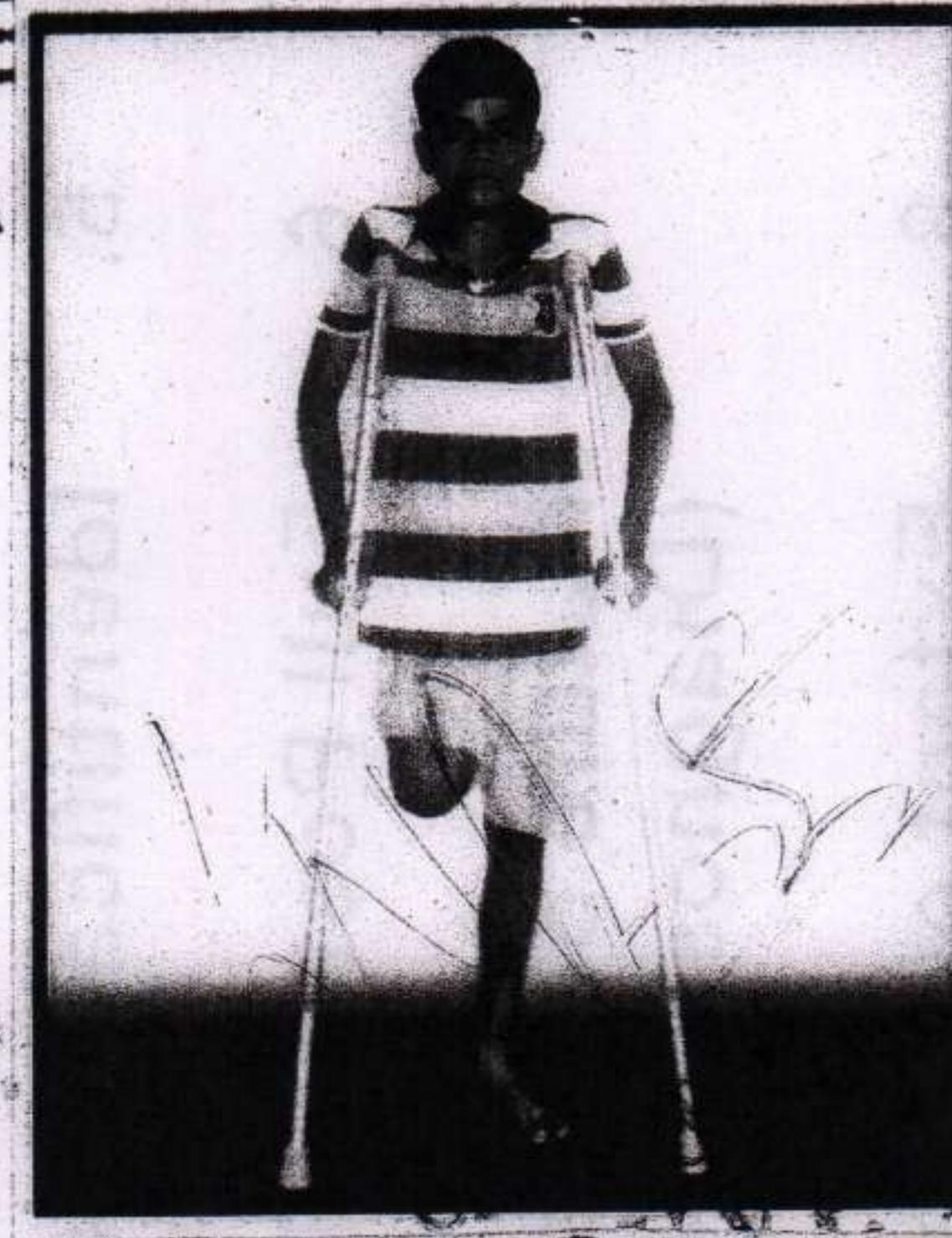
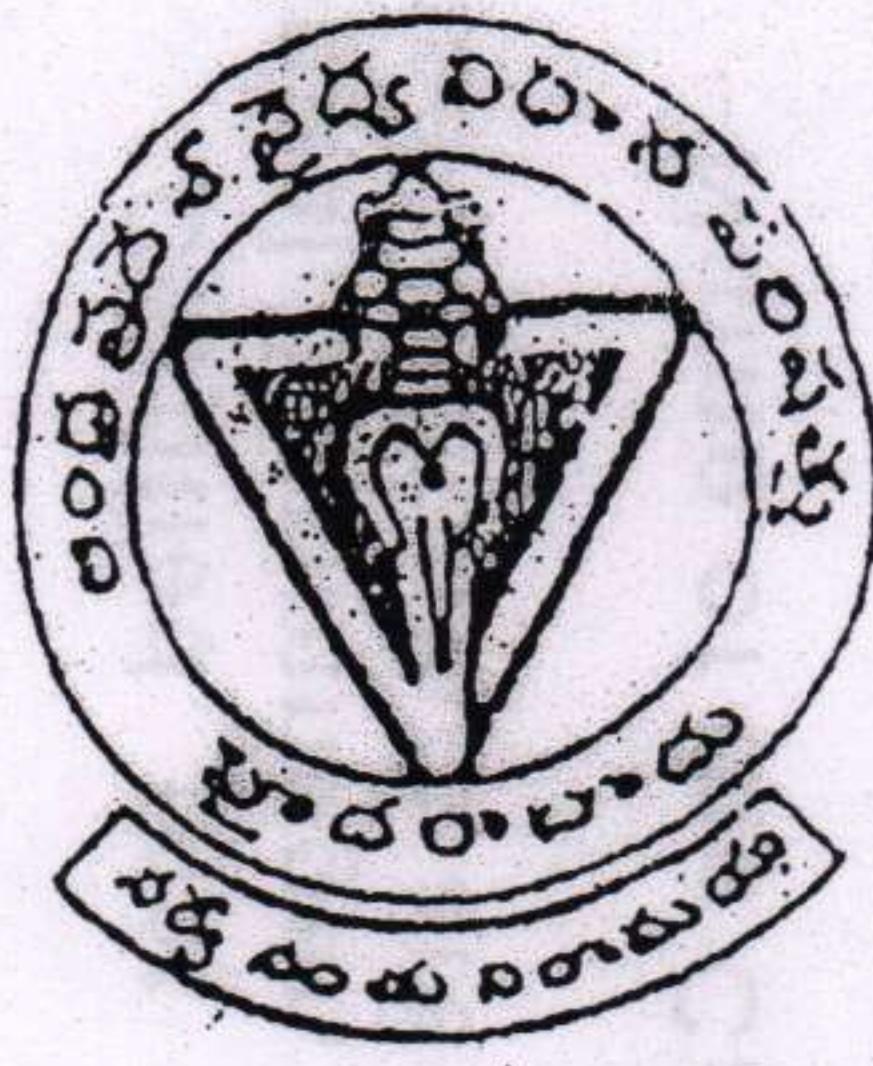
Dr. K. Prasada Rao

Designation: DCHS

Regn.No : 10898

Note: This is not valid for Medico-Legal cases.

GOVERNMENT OF ANDHRA PRADESH
ANDHRA PRADESH VAIDYA VIDHYANA



B141988
B
ON SPECIALIST
Area Hospital
JAGTIAS, Karimnagar

MEDICAL CERTIFICATE IN RESPECT OF PERSONS WITH DISABILITY
ORTHOPEDICALLY HANDICAPPED

Regd. No. Certificate 7234 / PHC / AHJ / PHB/200 Dated 25 - 09 - 2012

Certified that we members of District Medical Board District Headquarters Hospital, Karimnagar, Andhra Pradesh certify after careful examination that the applicant whose particulars are given below falls within the above definition.

1. Name of the Candidate

: YELUGU PRUTHVI RAJ

2. Father's Name

: Ganapathar

3. Sex

: Male

4. Age

: 16 Years

5. Identification Marks

: A mole On the Right Hand arm.

6. Full Postal Address

: Village:- Gadepally. man:- Dharmapuri
Dist:- Karimnagar A.P- 505454

7. Nature of Disability
(Diagnosis)

:

: AK Amputee

80% (Eighty)

8. Extent of Disability
(MC Bride Scale)

: Axillary contracture.

9. Use of any Appliance

:

10. Any Operation done

:

11. Photograph to who Nature of
Disability attested

:

12. Any other particulars to clarify
the nature and extent of
Disability

Signature of the Applicant



M. T. Cury
CIVIL SURGEON
A.P.CIVIL SURGEON
JAGTIAS SPECIALIST
Medical Board

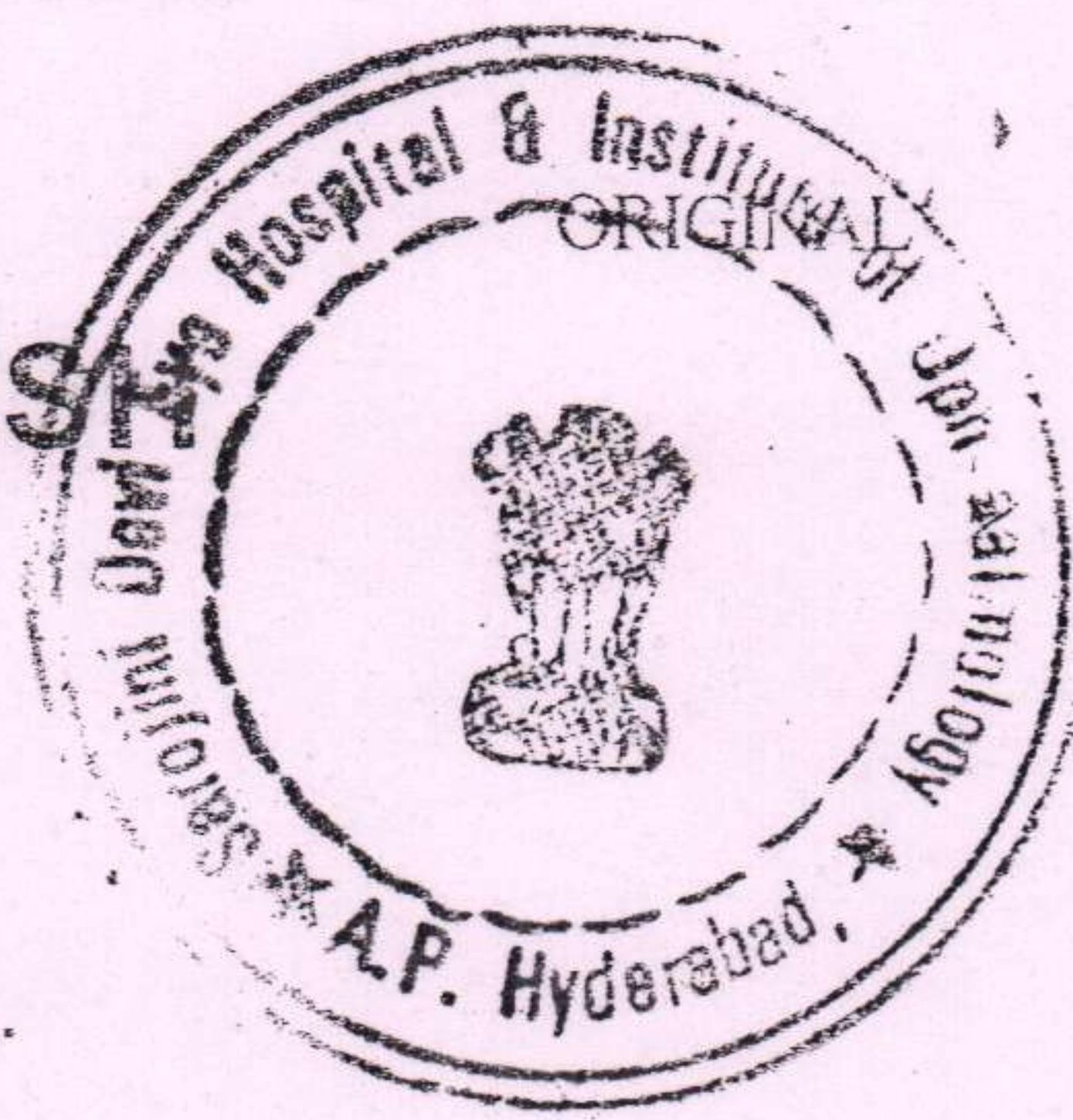
K. M. S.
CHIEF SURGEON SPECIALIST
ORTHO SURGEON Hospital
JAGTIAS DIST. Karimnagar

B1K 1994

GOVERNMENT OF ANDHRA PRADESH

Office of the Superintendent

Sarojini Devi Eye Hospital,
Humayun Nagar, Hyderabad, Andhra Pradesh.



No.:

00B968

I/We the following Special Medical Board Members
under signed examined individually Shri /
Smt.....
Son of / Wife of / Daughter of
.....aged years
bearing O.P. Ticket No. Dated
27/5/2014, working as



CIVIL SURGEON
Sarjoji Devi Eye Hospital
HYDERABAD.

The following are the findings.

1. Anterior Segment
2. Distant Vision
3. Near Vision
4. Field of Vision
5. Colour Vision
6. Fundus
7. Diagnosis
8. Opinion
9. Identification Marks:
10. Signature of the applicant/
Thumb impression:

RE NYSTAGMUS LE NYSTAGMUS
RE 1/60 LE 2/60
RE LE

MYOPIA = NYSTAGMUS
= AMBLYOPIA
100% (undred percent) Blindsight
- Permanent -

A moleculee life have

Dr. G. K. Venkateswaran

CIVIL SURGEON,
Sarjoji Devi Eye Hospital
Civil Surgeon, HYDERABAD
Sarjoji Devi Eye Hospital

Dr. ASST. SURGEON
Civil Surgeon, Eye Hospital, Hyd.
Sarjoji Devi Eye Hospital
Sarjoji Devi Eye Hospital

Dr. A. S. M. A.
Civil Surgeon, ASST. SURGEON
Sarjoji Devi Eye Hospital, Hyd.
ASST. SURGEON
Sarjoji Devi Eye Hospital

Chairman,
Medical Board and Superintendent,
Sarjoji Devi Eye Hospital, HYDERABAD.

B141990



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)



Medical Board: Area Hospital, Mahabubabad
ID No.of Person with Disability: 21266300120114014
Date of Issue: 12/01/2011

- This is certified that Kumari DUBBAK A PRASANNA , D/o BHASKAR , Female, age 12 years, resident of H.No.# 3-46, Sarwapur Habitation, Sarwapur Village, Narsampet Mandal, Warangal District, is suffering from Permanent disability of the following category:-

Physical(Locomotor/Orthopaedic) Disability.

The disability is in relation to her : Right Lower Limb. Impaired reach.

Sub-type of disability :Congenital Deformities of Limbs.

Cause of Disability : Congenital.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 45% [Fourty Five percent].
- Identification Marks of Person with Disability:-
 - a)A MOLE ON THE LEFT HAND MEDDLE FINGER .
 - b)A MOLE ON THE RIGHT HAND .

D. Sare prasanna
Signature/Thumb impression
of Person with Disability

Dr. K CHANDRASHEKHAR
Signature

Designation: CAS(ORTHO)

Regn.No : 51166

Dr. K. PRABHAVATHI
Signature

Designation: CIVIL SURGEON
(RMO)

Regn.No : 9021

Dr. S BHEEM SAGAR
Signature

Designation: MEDICAL
SUPERINTENDENT

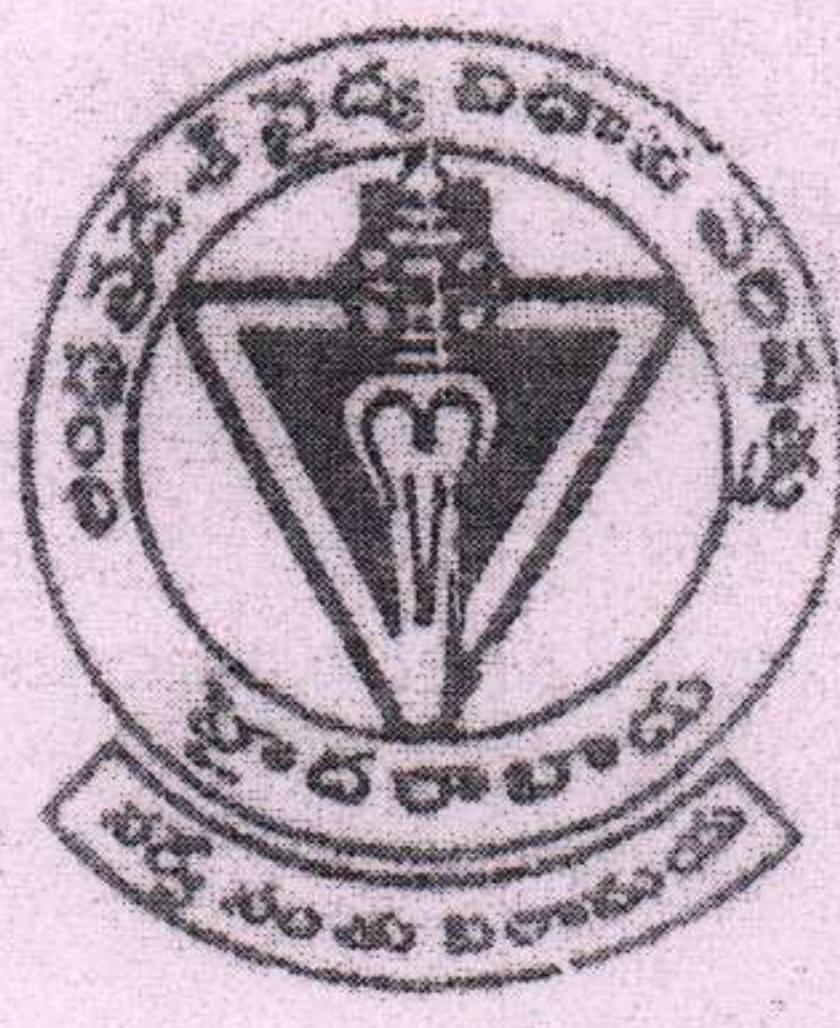
Regn.No : 12796

Note: This is not valid for Medico-Legal cases.

A. Sarey
Civil Surgeon Specialist
Community Health Centre,
NARSAMPET, Dist. Warangal.

BIM 1989

GOVERNMENT OF ANDHRA PRADESH
ANDHRA PRADESH VAIDYA VIDHANA PARISHAD



**MEDICAL CERTIFICATE IN RESPECT OF PERSONS WITH DISABILITIES
 ORTHOPAEDICALLY HANDICAPPED**

Regd. No. Certificate 12852 /PHB/2008

Dated 26-11-2008

Certified that we members of District Medical Board District Headquarters Hospital, Karimnagar, Andhra Pradesh certify after careful examination that the applicant whose particulars are given below falls within the above definition.

1. Name of the Candidate : Vedaveni. Rani
2. Father's Name : D/o. Kommoiah
3. Sex : Female
4. Age : 12 years
5. Identification Marks : 1
6. Full Postal Address : H. NO. 8-79/1, (Vill): & (Mandal): Manakonda
District :- Karimnagar
7. Nature of Disability (Diagnosis) : post fracture flexion deformity of (R)
ankle Jt
8. Extent of Disability (MC Bride Scale) : Go + (G+/- slightly)
9. Use of any Appliance :
10. Any Operation done :
11. Photograph to who Nature of Disability attested :
12. Any other particulars to clarify the nature and extent of Disability :

Signature of the Applicant



Chairman
CIVIL SURGEON
 Dist. Specialist Hospital
 CAMP
 KaMedical Board

Member
ORTHOSURGEON
 DisMedical Board
 Karimnagar (Board)

GOVERNMENT OF ANDHRA PRADESH
ANDHRA PRADESH VAIDYA VIDHANA PARISHAD



a. Hrs. Hospital
Karimnagar (CAMP)

MEDICAL CERTIFICATE IN RESPECT OF PERSONS WITH DISABILITIES
ORTHOPAEDICALLY HANDICAPPED

Reg. No. Certificate 1731 /O.H./2009

Dated 11/5/09.

Certified that we members of District Medical Board District Headquarters Hospital, Karimnagar, Andhra Pradesh certify after careful examination that the applicant whose particulars are given below falls within the above definition.

THIS CERTIFICATE IS NOT VALID FOR JUDICIAL PURPOSE

1. Name of the Candidate : Gangaraju Sri ram prasad
2. Father's Name : Sammiah
3. Sex : Male.
4. Date of Birth / Age : 03-05-1998.
5. Caste : S.C.
6. Identification Marks : Hwd 2-8-1181, Ambedkar colony
7. Full Postal Address : Post & mts - Jamnagar - Dt - Karimnagar
8. Nature of Disability (Diagnosis) :
9. Extent of Disability (MC Bride Scale) :
10. Use of any appliance :
11. Any Operation done :
12. Photograph to who Nature of Disability attested :
13. Any other particulars to clarify the nature and extent of Disability :

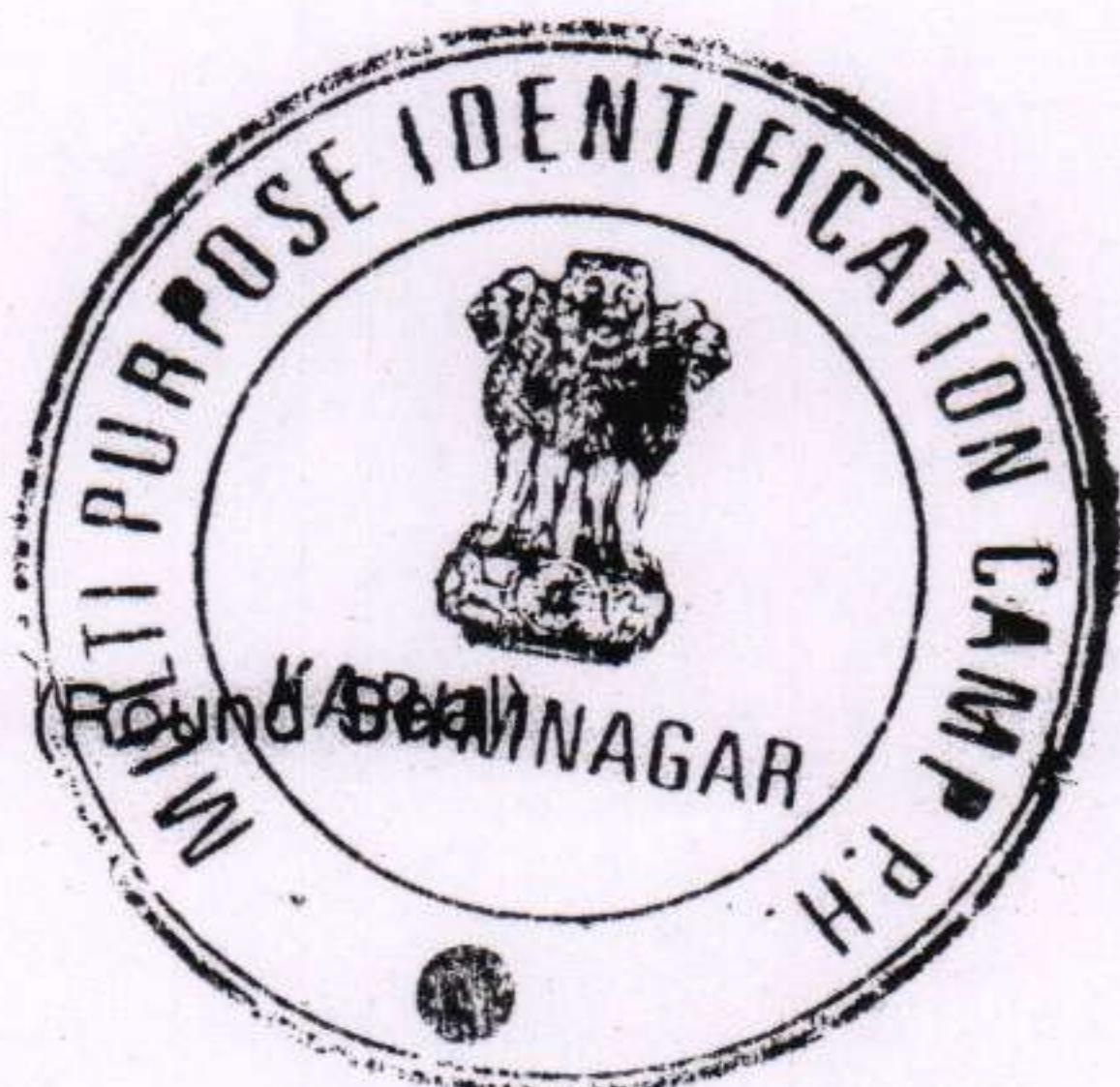
Post Dreeel

(20) O. L

50 x (Rw w)

C. Sri ram prasad

Signature of the Applicant



Chairman
CIVIL SURGEON
Specialist
Medical Boa
Medical Board
Dist. Hqrs. Hospital
Karimnagar (CAMP)

Member
ORTHOPAEDIC SURGEON
Dist. Medical Board
Dist. Hqrs. Hospital
Karimnagar (CAMP)

B161955

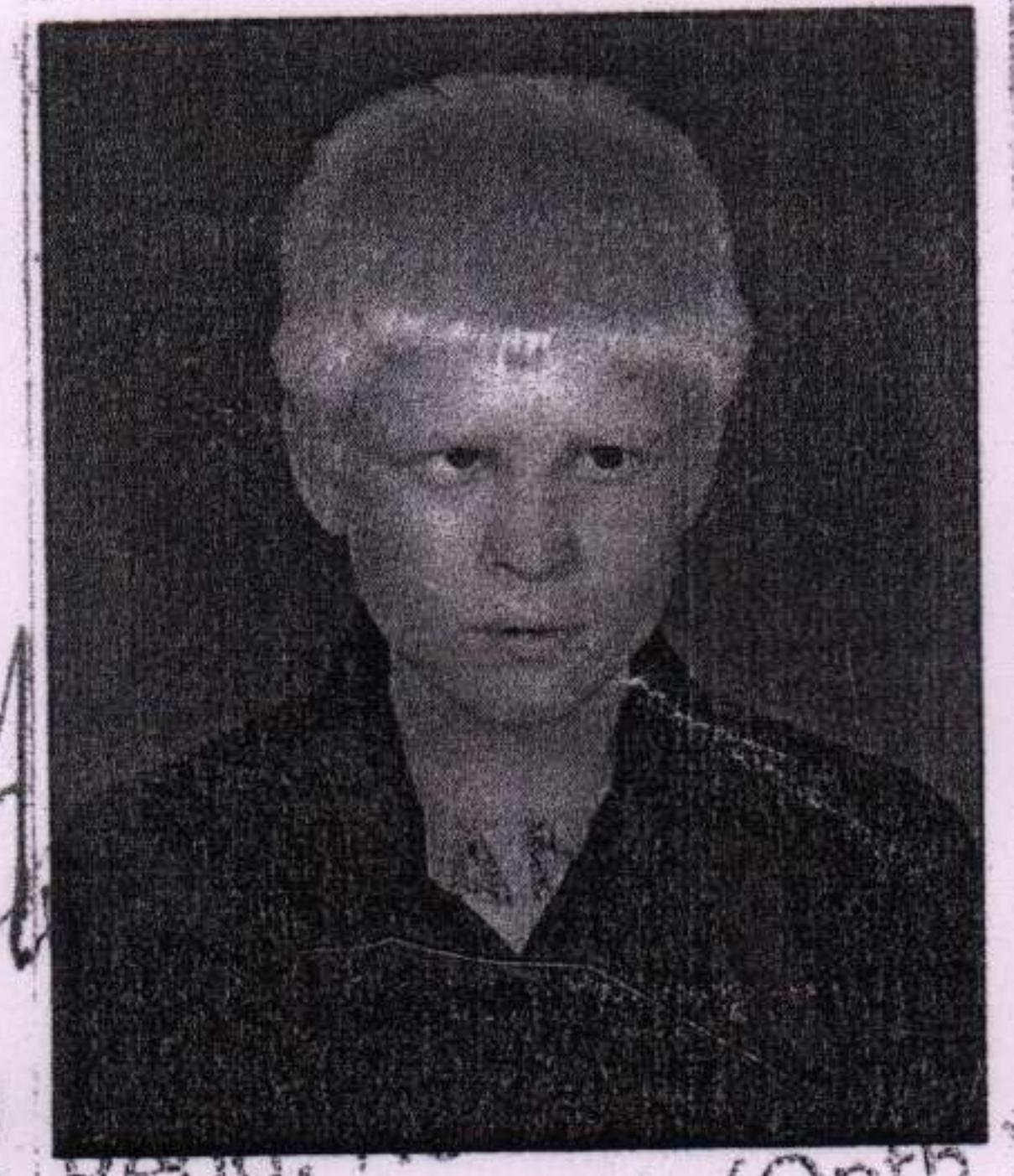


39
17-12-2011

GOVERNMENT OF ANDHRA PRADESH
HANDICAPPED WELFARE DEPARTMENT

MEDICAL CERTIFICATE FOR THE BLIND

Issued vide G.O. Ms. No. 109, W.D.C.W. & Labour Department Dt : 15-6-92
C.M. Surgeon Spi. (C.M.S.)
District Hospital, Nalgonda



Certified that I Dr. Dr. AMAR
MS.Oph.
Registration No. Reg. No. 13234 have this
day of 200 examined that

candidate whose Particulars are given below.

1. Name of the Candidate : ORSU. SANTHOSH
2. Father's Name : O. YADAIAH
3. R/o. : LAXMIDEVIKALVA
4. Mandal : MOTHKUR
5. Dist : NALGONDA
6. Sex : MALE
7. Approximate Age : 13 years
8. Identification Marks : 1. a mole on chin
2. a mole on neck
9. Extent of residual vision, if any : R.E. 6/60
L.E. 6/6
10. On act of blindness (Please state whether blindness is from birth or acquired later if it has been caused afterwards, the age and cause of blindness may be indicate.) : Both eye congenital Nyctagym.
Albinism.
Partial Blind -
75% (seventy five percent)
- (For the purpose of these scholarships the blind are those who suffer from either of the following)
- (a) Total absence of sight : Visual acuity not exceeding 6/ 60 or 20/ 200 (Snellen) in the better eye with correcting lenses.
- (b) Lamination of the field of vision substanding an angle of 20 degrees or worse) :

Please state clearly whether the candidates

O. SANTHOSH
Signature of the applicant

Dr. K. SURESH KUMAR
MS (GS)

Signature of the Ophthalmologist)

DR. E. AMAR

MBBS DO

Regd. No. 13234

BIM/996

GOVERNMENT OF ANDHRA PRADESH

ANDHRA PRADESH VAIDYA VIDHANA PARISHAD



**MEDICAL CERTIFICATE IN RESPECT OF PERSONS WITH
ORTHOPAEDICALLY HANDICAPPED**

Reg. No. Certificate 291/1006 /OH/2003-04

District Karimnagar
Dated 26/2/04

Certified that we members of District Medical Board District Headquarters Hospital, Karimnagar, Andhra Pradesh certify after careful examination that the applicant whose particulars are given below falls within the above definition.

THIS CERTIFICATE IS NOT VALID FOR JUDICIAL PURPOSE

1. Name of the Candidate

: Gaddam Kaviraj

2. Father's Name

: Peddulu

3. Age / Sex

: 06 ♂

4. Caste

:

5. Identification Marks

: Scarce on the back neck

6. Full Postal Address

: Jamuni kenta 3rd word

7. Nature of Disability
(Diagnosis)

: DD RP RP lepro

8. Extent of Disability
(MC Bride Scale)

: 60% loss

9. Use of any appliance

:

10. Any Operation done

:

11. Photograph to Show Nature of
Disability attested

:

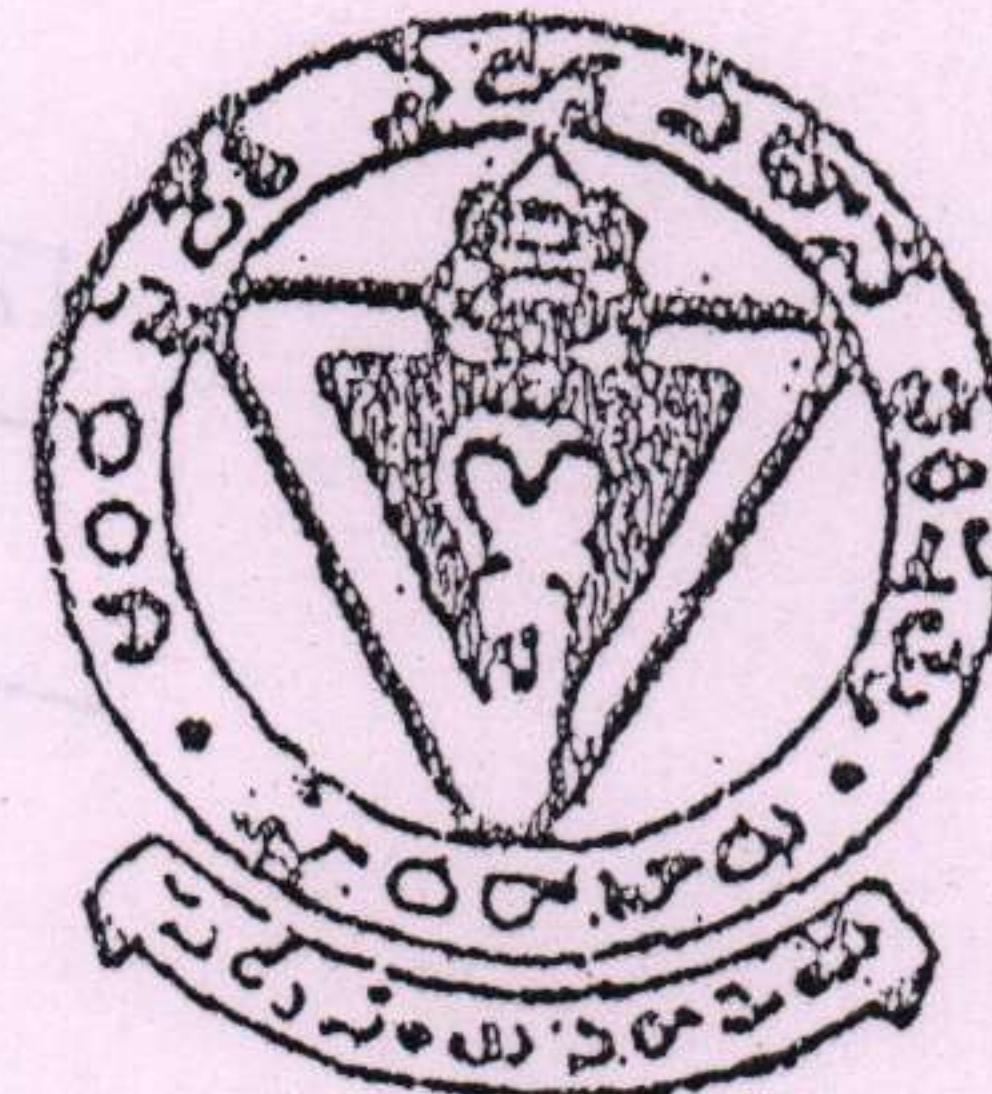
12. Any other particulars to clarify the
nature and extent of Disability

:

Signature of the Applicant

BIH 2002

GOVERNMENT OF ANDHRA PRADESH
ANDHRA PRADESH VAIDYA VIDHANA PA



MEDICAL CERTIFICATE IN RESPECT OF PERSONS WITH DISABILITIES
VISUALLY HANDICAPPED (BLIND)

Reg. No. Certificate 287 H2K /PHB/2002 ✓

Dated 27.7.08

Certified that we members of District Medical Board District Headquarters Hospital, Karimnagar, Andhra Pradesh certify after careful examination that the applicant whose particulars are given below falls within the above definition.

THIS CERTIFICATE IS NOT VALID FOR JUDICIAL PURPOSE

1. Name of the Candidate : Tennamala Krupalek
2. Father's Name : Ramesh
3. Sex : Male
4. Age : 9 years
5. Identification Marks :
6. Full Postal Address : Post: Potti reddy Petrol mall: Kuzwad
Karimnagar (Dist)
7. Extent of residual Vision if any : R.E.
L.E.
C Flm+
8. Onset of blindness (Please state whether blindness if from birth or acquired later if it has been caused afterwards the age and cause of blindness, may be indicated.)
 - a) Total absence of sight
 - b) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses.
 - c)

Limitation of the field of vision subtending an angle of 20 degrees or worse)
9. Please state clearly whether the candidate is blind for the purpose of Scholarships/benefits (Others) : 80% (Eighty Only)

Signature of the Applicant

