



Government of Maharashtra

Form-IV

Disability Certificate

(For cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

J.J.Hospital,Byculla Mumbai

(Maharashtra, India)

Certificate Number: 22642

CERT./NO./JJH/DIS. CERT./21/13
DATE Date: 28/08/13

This is to certify that I have carefully examined.

Person Identification Number: *PI51900033946*

Aadhar Number: *N/A*

Shri/Smt./Kum: *nair bhaskar ramakrishnan*

Father Name: Shri/Smt./Kum. *ramakrishnan*

Date of Birth (dd/mm/yyyy): *25/7/1953*

Age: *60 years*

Gender: *Male*

Permanent Address:

House Address: *prerna 80/a collectors colony chembur*

Village: *N/A*

Taluka: *Mumbai*

District: *Mumbai*

Pincode: *400074*

whose photograph is affixed above, and am satisfied that he / she is a case of *Physical Impairment* disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
<i>Physical Impairment</i>	<i>Rt. L/L</i>	<i>MUSCULAR DYSTROPHY</i>	<i>45</i>

1. The Above condition is *Permanent, progressive, not likely to improve*

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:

PAN Card

DR. SANJAY JAGTAP
PROFESSOR

Member

Regn. No. : 1190/04/63644

(Signature and Seal of Authorised Signatory of notified Medical Authority)

DR. H.H.JADHAV

MEDICAL SUPERINTENDENT

Member Secretary

Regn. No. : 41806

DR. T.P. LAHANE

DEAN

President

Regn. No. : 48614

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

Note: This is not valid for Medico Legal cases.

Bhaskar