

ARULMANCY A
2022M06

UNIQUE DISABILITY ID
Government of India

State: Tamil Nadu
Arulmancy

UD ID:
TN2140620050128128

Disability Type:
Locomotor Disability




Year of Birth:
2005

% of Disability:
50% (Fifty Percent)

Date of Issue:
07/06/2022

Valid upto:
Permanent

Issuing Authority Sign



UNIQUE DISABILITY ID
Government of India

STATE ID:
N/A

Aadhaar No.
*****8096



Address of the Card Issuing Authority State/District level
District Differently Abled Welfare Office, Sivaganga,
Tamil Nadu

Form-VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

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



Dr. C. CHANDRU M.S. (Ortho)

Reg. No : 94974

Assistant Professor

Dept of Orthopaedics & Traumatology

Govt. Sivagangai Medical College & Hospital

Sivagangai 630 561.

Certificate No. _____

Date: 06/06/2022

This is to certify that I have carefully examined Shri/Smt./Kum. Azulmancy

son/wife/daughter of Shri D/o. Adaikala Joseph Date of Birth

(DD/MM/YY) 10/06/2005 Age _____ years, male/female Female

registration No. 10/35742 permanent resident of House No. 296 Ward/Village/

Street north (st) P _____ Post Office Pulikanmai District Sivagangai

State Tamilnadu 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	@	Congenital deformity.	50%.
2	Muscular Dystrophy	Both forearms		
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language Disability			

12	Intellectual Disability			
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 over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows : -

In figures: 50% percent

In words: Fifty percent

2. The 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 3 years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

@ eg. Left/Right/both arms/legs

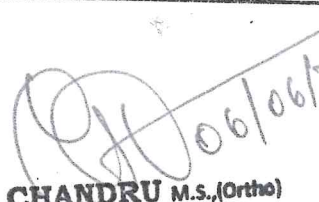
eg. Single eye/both eyes

£ 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
Aadhar no 8672 6991 8096		GTO

4. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson
 06/06/20		

Dr. C. CHANDRU M.S.(Ortho)
Reg. No : 94974

Signature of **Assistant Professor**
in **Orthopedics & Traumatology**
whose favour **Medical College & Hospital**
Sivagangai **disability is issued**
Sivagangai 630 561.