

Office of the C.M.O. Allahabad

Certificate No. 11105

Date 12.1.17

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum Disha Srivastava

son/daughter of Shri Dr. Ashutosh Chandra Srivastava R/o 38/38F

Age 16/F old male/female, Registration No. 1552 No Nagar 14/6/15/11111 is a case of

Dyslexia involving all limbs He/She is

physically disabled/visual disabled/speech & Hearing disabled and has 65 % (Sixty five

per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) In

relation to his/her Handwriting / locomotion

Note :-

1. This condition is progressive/nonprogressive /likely to improve/not likely to improve

2. Re-assessment is not recommended/is recommended after a period of five years

months/years.*

*Strike out which is not applicable.

Orthopaedic Surgeon

Eye Surgeon

ENT Surgeon

Signature/humb impression of the patient

Chief Medical Officer

Counter signed by the Medical Superintendent/CMO/Head of Hospital (with seal)



Disha Srivastava

ANNEXURE-B

Office of the C.M.O. Allahabad

Certificate No 7789

Date 13/8/15


CERTIFICATE FOR THE PERSONS WITH DISABILITIES

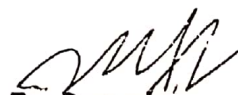
This is to certify that Shri/Smt./Kum Braunhi Srivastava
 son/wife/daughter of Shri Guru Dayal Srivastava R/o 1337/109
 Age 17/F old male/female, Registration No. K/3 Beniganj Allah. is a case of
Paraparesis & foot drop R/L Side He/She is
 physically disabled/visual disabled/speech & Hearing disabled and has 70% (Seventy
 per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in
 relation to his/her Locomotor function

Note :-

1. This condition is progressive/nonprogressive /likely to improve/not likely to improve
2. Re-assessment is not recommended/is recommended after a period of Two years
 _____ months/years.*


*Strike out which is not applicable.


 Orthopedic Surgeon
 आयुर्विद्युत संस्थान
 चिकित्सा विभाग
 काशी
 Signature/Thumb impression
 of the patient


 Eye Surgeon
 चिकित्सा विभाग
 काशी
 कार्यालय मुख्य चिकित्साधिकारी
 काशी

ENT Surgeon




 Unique No. ME/1337/109/15 Signed by the
 Photo I/Ca. 1337/109/15 Medical Superintendent/Head of
 Division ALLAHABAD Hospital (with seal)
 Date of Issue 13/8/15

HANDICAPPED CERTIFICATE IN ACCORDANCE WITH THE

G. O. No. 7/4/1971/Handicapped

Date 26/12/96

We examined Sri/Smt./Km. NEHA MEHROTRA

Aged about 5 1/2 Years S/o D/o Sri T. N. Mehrotra

R/o 15 Gujarati Mahalla Allahabad

whose attested signature/L.T.I./R.T.I. is given below and certify that

He/She is a case of

Profound Deafness
- Bilateral

We certify that He/She is permanently Handicapped person.

Signature/R.T.I./L.T.I. of the Candidate



Orthopaedic Surgeon
जीयोपी उके सजेन
कार्यालय मुख्य (Member) अधिकारी
इलाहाबाद

Eye Surgeon
वीरल नन्द सिंह
(Member)
कार्यालय मुख्य चिकित्सा अधिकारी
इलाहाबाद

CHIEF MEDICAL OFFICER
मुख्य चिकित्सा अधिकारी
President
इलाहाबाद

NCALD 1567

SP DUMPLD

Neha

Standard Format of the certificate
Name & Address of the Institute/hospital issuing the certificate

Certificate No. 3655

Date 01-12-2016

Office of Chief Medical Officer, Sonebhadra

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Km. Divyanti Son/Wife/Daughter
of Shri Rajesh Upadhyay R/o 5th Floor
Chitwan Sonebhadra Age: 23yr old male/female, Registration
No. _____ is a case of PPR 1 Left lower limb Hip Juxta (9d II) He/She is physically disabled Visual
Disabled/speech & hearing disabled and has 60 % Sixty percent permanent (physical
impairment/visual impairment/speech & hearing impairment) in relation to
his/her _____

Note-

- 1- This condition is progressive/non progressive/likely to improve/not likely to improve
- 2- Re-assessment is not recommended/is recommended after a period of 1 month/year.

J. K. PRAJAPATI
ORTHOPAEDIC Surgeon
R.N.-55765
Sonebhadra
Signature/Thumb impression
of the patient

Strike out which is not applicable
E.N.T.

Dr. A. P. VERMA
E.N.T. Surgeon
Reg. No. 53804

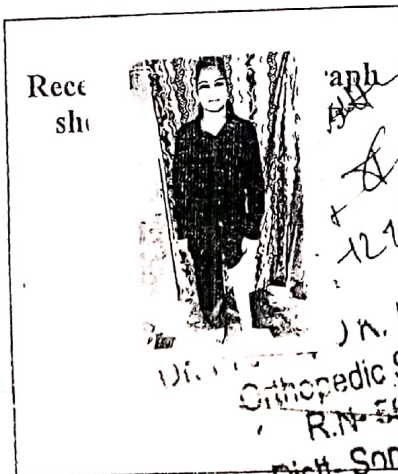
EYE

W
Surgeon

Dr. K. K. PANDE
Eye Surgeon
R.N.-41339
Distt. Sonebhadra

Counter signed
Chief Medical Officer
Sonebhadra

CHIEF MEDICAL OFFICER
SONEBHADRA



Dr. L.S. Ojha 1

M.S., D.L.O., M.A.O.I., M.A.I.R.S. 2

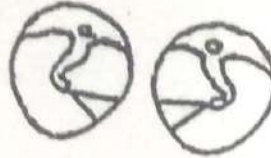
ENT & HEAD, NECK SURGEON 3

परेशानियां :-

कितने समय से :

नाम P. K. Sahu उम्र 20/11

1. EAR	DURATION		
	Date	Date	Date
Itching/Wax
Otorrhoea
Vertigo
Unsteadiness
Tinnitus
Otalgia/Furuncle
Blocking of Ear
Vomiting
Diminishing of Hearing



R

W

INVESTIGATION

- GBP
- Hb
- TLC
- DLC
- ESR
- S. Urea
- S. Creatinine
- B.T., C.T., Prothambin, Time
- Platlet Count

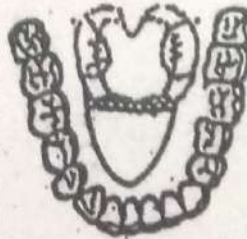
Sugar $\begin{matrix} \swarrow F \\ \searrow RBS \\ \downarrow PP \end{matrix}$

2. NOSE	Date	Date	Date
Itching
Running of Nose
Sneezing
Blocking of Nose
Anosmia/Hyposmia/Cacosmia
Epistaxis
Rec. Cold
Post Nasal Discharge
Pain in Nose/Swelling/Trauma
Headche/Frontal/Parital/Migrain
Snoring/Nasal Voice/Regurgitation
Others



- S. Billrubin
- T. Protein, SGPT, SGOT
- Gr/Rh
- S.Cholesterol/Lipid Profile
- Mantoux Test
- Urine
- Stool/M.P. Widal, HIV, HbsAg, Aslotitre
- T3, T4, TSH
- X-Ray Nasal, Bone Lat
- X-Ray PNS-Water's View
- X-Ray Soft Tissue Neck $\begin{matrix} \swarrow AP \\ \searrow Lat \end{matrix}$
- X-Ray Chest PA View
- X-Ray Cervical Spine $\begin{matrix} \swarrow AP \\ \searrow Lat \end{matrix}$
- Mastoid X-Ray (Both Side) Rt/Lt

3. THROAT/ORAL CAVITY	Date	Date	Date
Irritation in Throat/Pricky
Senso/Dryness
Pain in Throat
Odinophagia Dysphagla
Change in Voice
Hoarseness of Voice
Sore Throat
F.B. Sensation
Sticky Sensation / Suffocation
Cough
Ulcer on B.M. Rt./Lt. Tongue
Others-Trismus
Pain in tooth/gum/Sensitization



- Sputum for AFB
- ECG
- Audiogram PTA/FFA
- Impedance/ETF/S. Reflex
- OAE
- Bera
- HAT
- EChog
- CT. Scan.
- (a) PNS is both axial & Coronal View
- (b) Temporal bone to rule out complication of csor
- (c) Brain
- (d) Neck

4. NECK	Date	Date	Date
Pain in neck
Swelling in Neck
Submandibular/Submental
LN. Post Triangle Rt/Lt/J.D. Triangle (R/Lt)
P/H Smoking/Alcoholism
H/o Diabetes/B.P./T.B./I.H.D.
Loss of Appetite & Weight
Thyroid Swelling
Tobacco/Pan/Guttakha
Others



- MRI -
- Biopsy -Tongue/Cheek/
- Oro-pharynx/Larynx
- Ultra Sonography of
- Thyroid/Neck/Abdomen
- Aural/Throat Swab for - C/S - KLE
- Flexible D/L

Nasal Endoscopy

FNAC





Spandan

Complete Hearing & Speech Solutions

19A/11, Kamla Nehru Road (Near Hanuman Mandir) Civil Lines, Allahabad
 Phone : (0532) 2400055, 9792711555 E-mail : spandanhearing@yahoo.com.

AUDIOLOGICAL EVALUATION

Date: 21/11/13

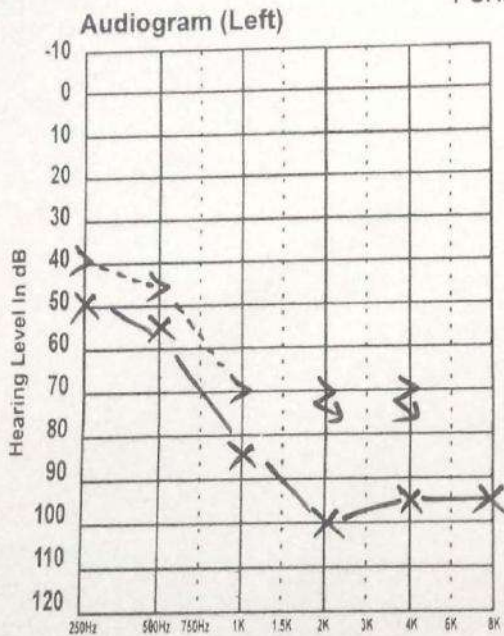
Name: Miss Ekta Age/Sex: 19/F Refd. By: Self

Brief History

red hg. on both eyes more

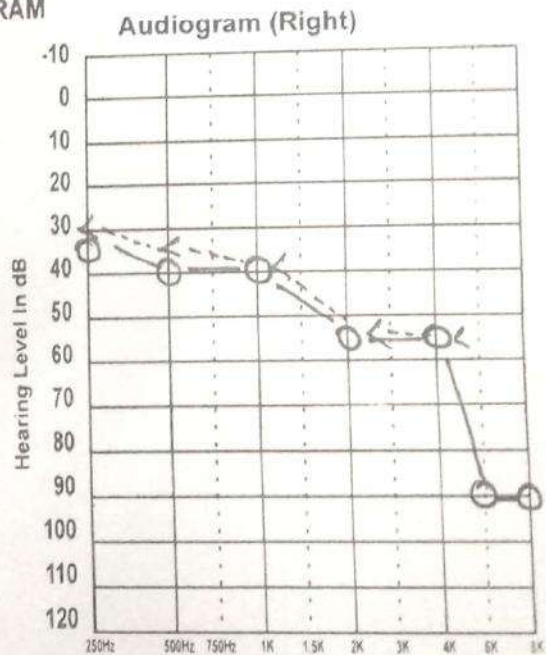
Hearing Loss			Ear Perforation			Tinnitus			Vertigo		Rinne Test 512 HZ		Weber Test 512 HZ			ABC	
R	L	B	R	L	B	R	L	B		R	L	R	L	C	R	L	
		✓								+	+	✓			↓	↓	

PURE TONE AUDIOGRAM



Symbol Key

	R	L
AC Unmasked	o	x
AC masked	Δ	□
No Response	∅	⊗
BC Unmasked	<<	>>
BC masked	[]	[]



Speech/Audiometry					
EAR	PTA	SRT	SDS	MCL	UCL
R	45 dB	45 dB	%	dB	dB
L	80 dB	80 dB	%	dB	dB

Special Audiometry					
Test	EAR	500Hz	1KHz	2KHz	4KHz
SISI	R				
	L				
TDT	R				
	L				

Provisional Diagnosis : Rt - Mild to severe degree of S.N.H.L.
 Lt - Moderate to profound degree of S.N.H.L.

Advice

- Hearing aid trial
- counselling
- Follow up

Audiologist

2

ANNEXURE-B

Office of the C.M.O. Allahabad

Certificate No 13929

Date 7/5/18

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum Shivani Tiwari
son/wife/daughter of Shri Munna Kumar Ho Saraswati
Age 17 old male/female, Registration No. Shri Aida is a case of
Muscular dystrophy He/She is
physically disabled/visual disabled/speech & Hearing disabled and has 70% (seventy)
per cent) permanent (physical impairment/visual impairment/speech & hearing impairment) in
relation to his/her Examination

Note :-

- 1. This condition is progressive/nonprogressive /likely to improve/not likely to improve
- 2. Re-assessment is not recommended/is recommended after a period of Five
months/years.*

*Strike out which is not applicable.

[Signature]
Orthopaedic Surgeon
आर्थोपेडिक सर्जन
सर्वज्ञान मध्य चिकित्साधिकारी

[Signature]
Eye Surgeon
आँखों के चिकित्सक
सर्वज्ञान मध्य चिकित्साधिकारी
इलाहाबाद

ENT Surgeon

Signature/Thumb Impression
of the patient



[Signature]
आर्थोपेडिक सर्जन
सर्वज्ञान मध्य चिकित्साधिकारी
इलाहाबाद

[Signature]
Counter signed by the
Medical Superintendent/CMO/Head of
Hospital (with seal)
Chief Medical Officer
Allahabad

[Signature]

[Signature]



उत्तर प्रदेश शासन

कार्यालय तहसीलदार द्वारा प्रदत्त आय प्रमाण पत्र

जिला इलाहाबाद
 तहसील फूलपुर
 आवेदन क्र० 181750010201718
 प्रमाणपत्र क्र० 452181033313

जारी दिनांक: 12/08/2018

यथा विभागीय (क्षेत्रीय भूखेब निरीक्षक तथा जेबपाल की) जांच/रिपोर्ट के आधार पर
 प्रमाणित किया जाता है कि
 पुत्र/पुत्री कु. शिवानी कुमारी
 पिता का नाम श्री मुन्ना कुमार तिवारी
 मकान नम्बर श्रीमती सर्विशा देवी
 मोहल्ला 80
 ग्राम सारायतकी झूँसी
 तहसील फूलपुर
 जनपद इलाहाबाद



उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर 80 ग्राम मोहल्ला सारायतकी झूँसी तहसील फूलपुर, जनपद इलाहाबाद उत्तर प्रदेश है। परिवार की समस्त स्रोतों से मासिक आय अंकों में ₹ 6000 व शब्दों में रु. Six Thousand है, जिसके अनुसार कुल वार्षिक आय रु. 72000 व शब्दों में रु. Seventy Two Thousand है। आय का स्रोत कृषि है। यह प्रमाण पत्र जारी होने की दिनांक से तीन वर्ष तक मान्य रहेगा।



जारी करने वाले अधिकारी का नाम, सहज जन सेवा केन्द्र, फूलपुर, इलाहाबाद
 पद: जनपद अधिकारी, फूलपुर, इलाहाबाद
 स्थान: इलाहाबाद
 दिनांक: 12/08/2018
 हस्ताक्षर

Brijendra Kumar Rai
 Digitally Signed by Brijendra Kumar Rai
 D=Personal, S=Uttar Pradesh

सक्षम अधिकारी/तहसीलदार
 डिजिटल हस्ताक्षरित
 फूलपुर, इलाहाबाद
 दिनांक: 12/08/2018

यह प्रमाण पत्र इलेक्ट्रॉनिक डिजिटल सिग्नेचर द्वारा जारी किया गया है तथा डिजिटल सिग्नेचर से हस्ताक्षरित है। सम्बन्धित केन्द्र के अधिकृत कर्मी द्वारा प्रमाणित किया गया है। यह प्रमाण पत्र वेबसाइट <http://edistrict.up.nic.in> पर इसका पहले आवेदन क्र० फिर प्रमाणपत्र क्र० अंकित कर, जायदिल किया जा सकता है।