

2014 - 2015

BCom II

20th-2015

// CERTIFICATE //

SHRI V.N. GOVT. MEDICAL COLLEGE & HOSPITAL, YAVATMAL
Office of the President Handicapped Medical Board Shri Vasantrao Naik
Govt. Medical College & Hospital, Yavatmal

Read 1 - Notification No. 42-83 H.W. III Govt. of India

Ministry of welfare Dated 6th August 1986

2 - Resolution No. EED /1081/62/665/157/CA/-13/

March 1984 Government of Maharashtra Social
welfare Mantralaya, Mumbai - 40

3 - This Certificate is not Valid for M.L.C. Cases



O.P.D NO. - - - - -

No. 13768

Dated 13/7/2007

Identification Mark 5173 - Male over chin

This is to Certify That Shri/Smt/Ku/Master AKShay Pandit

Kubade Age 14 Year Resident of Parde

Ta. Pusad is Examined by above board on Date 13/7/07

and found that he/ ~~she~~ is Physically handicapped (~~Temporary~~ /Permanent) due to

Bilateral sensory neural hearing
loss

Disability Percentage is 53 %

(In words Fifty three %)

P.H.C.
Ophthalmologist & ENT Surgeon
E.N.T. Surgeon / ophthalmologist
Member

S. Naik
Handicapped Medical
Board, Yavatmal

S. Naik
Resident Medical Officer (C)
Resident Medical Officer (Ct.) I
(Clinical)
Member
Shri V.N. Govt. Medical College & Hospital,
YAVATMAL

* Remark if any -

2018-15
Bsc II

SHRIV.N.GOV'T MEDICAL COLLEGE & HOSPITAL YAVATMAL

Office of the present Handicapped Medical Board
Shri. Vasantrao Naik Govt. Medical College & Hospital, Yavatmal
CERTIFICATE FOR THE PERSONS WITH DISABILITIES

NOT VALID FOR MLC/COURT CASES



Application / Certificate No. 265

D. 14

This is Certify that Shri/Smt/Kum monika amil jayaswal

R/o pused to - pused BH - yavatmal
Son/Wife/Daughter of Shri amil champal jayaswal

Aged about 15 year Male / Female & His/Her OPD Reg. No. is 2642 And He/She

is examined by above board on dated 19/1/2011 and found that He/She is

Physically/Visually/Speech&Hearing/Mentally disabled(Temporary/Permanent) due to

Quadriceps.

Disability Percentage is 70 %

(IN Word seventy %)

1. This Condition is progressive/Non Progressive/Likely to improve/Not Likely to improve.

2. Reassessment is not recommended/ is recommended after a period of

Month /Years.

(Strike out which is not applicable)


ORTHOPEDIC

Surgeon

OPHTHALMIC

Surgeon

ENT

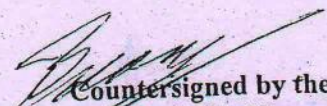
Surgeon

PSYCHIATRIST

PHYSICIAN

Signature/Thumb
Impression of the patient

Countersigned by the
Resident Medical Officer (C)
Shri V.N. Govt Medical College &
Hospital Yavatmal


Countersigned by the
Chairman & Civil Surgeon
& Medical Superintendent
Shri V.N. Govt. Medical College
& Hospital Yavatmal

A black and white photograph of a young child standing in front of a large, textured wall or structure. The child is wearing a light-colored, short-sleeved shirt and dark pants. The image is framed by a thick black border.



Identification Mark

⑫ Нелюбов

Disability Percentage is 50%
(In words Fifty %)

Resident medical Officer (CL) I
Member

Resident **Yavutmal** Officer (C-1)
Clinical
1001 1st Street SW
Seattle, WA 98101

BAF 2014-2015



Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Yavatmal
(Maharashtra, India)

Certificate Number: 54604

Date: 11/12/13

This is to certify that I have carefully examined.

Person Identification Number: P151000059120

Aadhar Number: N/A

Shri/Smt./Kum: Chavhan Nilesh Madan

Father Name: Shri/Smt./Kum. Madan

Date of Birth (dd/mm/yyyy): 03/05/1991

Gender: Male

Age: 22 years

Permanent Address:

House Address: Bajarang Nagar

Village: Bansi

District: Yavatmal

Taluka: Pusad

Pincode: N/A

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 %)
Physical Impairment	Rt. U/L, Bil. U/L	Bilateral Foot Deformity with Right Hand Weakness	65

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

2. Reassessment of disability not necessary

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

PAN Card

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

Dr. Jay Rathod

Dr. Sharad Kuchewar

Dr. B.N. Bangde

Orthopedic Surgeon Class-I/Class-II

Additional Civil Surgeon

Ophthalmic Surgeon Class-I/Class-II

Member

Member Secretary

President

Regn. No. : 2007_31550

Regn. No. : 83609

Regn. No. : 2008/04/1734

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

Note: This is not valid for Medico Legal cases.



पिलीपराव ठ. सीजीजे
विशेष कार्यकारी अधिकारी
वसंतनगर, पुसाद जि. यवतमाळ
राजपत्र क्र. ११३४

2014-2015 Bcomin

Shri V.N.Govt Medical College & Hospital & Yavatmal

Office of the President Handicapped Medical Board Shri Vasantrao Naik

Govt Medical College & Hospital, Yavatmal

Read 1 Notification No.42-83 H.W.III Govt.Of India

Ministry of Welfare Dated 6th August 1986

2:- Resolution No.EED/1081/62/665/157/CA/-13

March 1984 Government of Maharashtra Social

Welfare Mantralaya,Mumbai-32

3:- This Certificate is not Vailed MLC&court Cases



Opd No. 10100
Reg No. 2628



Dated 6/9/2006

Identification Mark.....

This is to certify That Shri/Smt/Ku..... V. Pray V. Jay

Padamwar..... Age 14..... Year Resident of..... Pused

TO Pused only..... is Examined by above board on Date 6/9/06

and found that he/she is Physically handicapped (Temporary/Permanent) due to

congenital Paralysis of both lower limbs

Disability Percentage is 50%
(in Words Fifty %)

Opthalmic/Orthopedic
ENT Surgeon/Phychiatrist
Orthopaedic Surgeon
Member

Chairman
Handicapped Medical
Board Yavatmal

Resident Medical
Officer (CL) (in)
Member Yavatmal
Govt Medical College & Hospital

2015 - 2016

BAJ 2015-2016

// CERTIFICATE //

SHRI V.N.GOV.T. MEDICAL COLLEGE & HOSPITAL, YAVATMAL
Office of the President handicapped Medical Board Shri vasantrao Naik
Govt. Medical College & Hospital, Yavatmal

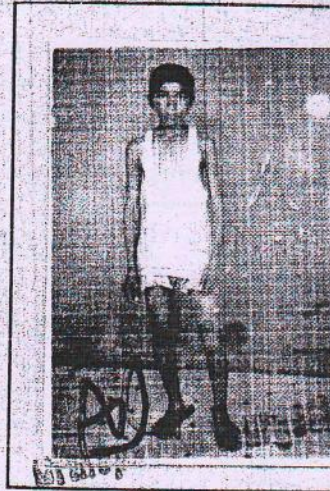
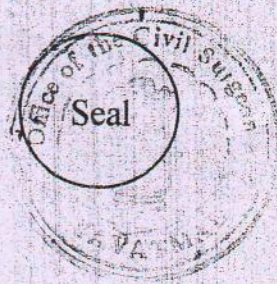
Read 1 :- Notification No. 42-83 H.W. III Govt. of India

Ministry of welfare Dated 6th August 1986

2 :- Resolution No.EED /1081/62/665/157/CA/-13/

March 1984 Government of Maharashtra Social
welfare Mantralaya, Mumbai -32

3. :- This Certificate is not Vailed for M.L.C. Cases



OPD NO 11351
No. 3302
Indentification Mark

Dated 15/1/2006

This is to Certify That Shri. Smt/Ku/Master. Deo Das Manik
Dalvi Age 13 Year Resident of Petra
Ta PUSAD is Examined by above board on Date 15/9/10

and found that he/ she is Physically handicapped (Temporary /Permenant) due to
PPP 12 ul & weak shoulder

Disability Percentage is 40 %
(In words Forty %)

Opathaimic/orthopedic
E.N.T. Surgeon /physchiartist

Chairmain
Handicapped Medical

Resident medical Officer (CL) I
Member



2018-2018

Brom H

No. CHB/Medical/Hosp/442
Office of the Civil Surgeon,
General Hosp, Buldana.

Dated: 2/2/2001

(HANDICAP CERTIFICATE)

CERTIFICATE NOT TO BE USED FOR COURT/COMP. CASES)

This is to certify that I have examined Shri/Smt/
Kum Satjam Rajesh Walekar

Of Dongoon Age 4 Yrs., on 2/2/2001

& after examination found that He/She is Physically/
Visually/Audio Vocally Handicapped Due to

monoparesis @ V.L.

& Recommended Parmanent Partial Disability is less than

More than 40% (Fourty Percent) 40 %

Motion of cheek
Identification of Mark
Thumb Impression(Lf).

: CIVIL SURGEON, BULDANA:
CIVIL SURGEON, BULDANA

Bsc 'M'

2015-16

SHRI V.N. GOVT MEDICAL COLLEGE & HOSPITAL YAVATMAL

Office of the present Handicapped Medical Board

Shri. Vasantrao Naik Govt. Medical College & Hospital, Yavatmal

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

NOT VALID FOR MLC/COURT CASESApplication / Certificate No. 265D. 14This is Certify that Shri/Smt/Kum monika -amil jayaswalR/o pused TB - pused Dist- yavatmalSon/Wife/Daughter of Shri amil Champel JayaswalAged about 18 year Male / Female & His/Her OPD Reg. No. is 2642 And He/Sheis examined by above board on dated 19/1/2011 and found that He/She is

Physically/Visually/Speech&Hearing/Mentally disabled(Temporary/Permanent) due to

QuadricepsDisability Percentage is 70 %(IN Word severely %)

1. This Condition is progressive/Non Progressive/Likely to improve/Not Likely to improve.

2. Reassessment is not recommended/ is recommended after a period of

Month /Years.

(Strike out which is not applicable)

ORTHOPEDIC

Surgeon

OPHTHALMIC

Surgeon

ENT

Surgeon

PSYCHIATRIST

PHYSICIAN

Signature/Thum
Impression of the patientCountersigned by the
Resident Medical Officer(C)
Shri V.N. Govt Medical Collage &
Hospital YavatmalCountersigned by the
Chairman & Civil Surgeon
& Medical Superintendent
Shri V.N. Govt. Medical Collage
& Hospital Yavatmal

// CERTIFICATE //

BATU 2015-16

ARI V.N. GOVT. MEDICAL COLLEGE & HOSPITAL, YAVATMAL
Office of the President handicapped Medical Board Shri vasantrao Naik
Govt. Medical College & Hospital, Yavatmal

Read 1 :- Notification No. 42-83 H.W. III Govt. of India

Ministry of welfare Dated 6 th August 1986

2 :- Resolution No. EED /1081/62/665/157/CA/-13/

March 1984 Government of Maharashtra Social
welfare Mantralaya, Mumbai -32

3 :- This Certificate is not Vailed for M.L.C. Cases



OPION
No. 2209

Dated 21/1/2004

Identification Mark

This is to Certify That Shri./Smt/Ku/Master Shri. N. N. N. N.
2012/10 Age 99 Year Resident of 2012/10
2012/10 is Examined by above board on Date 29/10/08
and found that he/ she is Physically handicapped (Temporary /Permenant) due to

(R) Hemiparesis

Disability Percentage is 50%
(In words Fifty %)

Asso./Asst. Professor
Physiology
Pusad Dist. Yavatmal

Opathaimic/orthopedic
E.N.T. Surgeon /phychiatrist
Member Surgeon

Chairman
Handicapped Medical

Resident medical Officer (CL) I
Member
Yavatmal
Clinical
Shri Vasantrao Naik Govt.

2016 - 2017

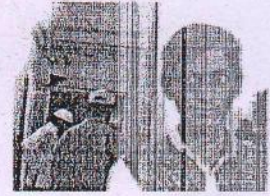
16-17

Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Yavatmal
(Maharashtra, India)

Certificate Number: 300534

Date: 23/06/2016

This is to certify that I have carefully examined.

Person Identification Number: PI51000403033

Aadhar Number: N/A

Shri/Smt./Kum: PAWAR VIPUL GOVIND LEELABAI

Father Name: Shri/Smt./Kum. GOVIND

Date of Birth (dd/mm/yyyy):

Age: 17 years

Gender: Male

Permanent Address:

House Address: KARANJI

Village: Karanji

Taluka: Mahagaon

District: Yavatmal

Pincode: N/A

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 %)
Physical Impairment	Bil. L/L	Spastic Paraparesis	47

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

2. Reassessment of disability

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

4. The applicant has submitted following documents as proof of Identity: *Aadhar Card*

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

Dr. Jay Rathod

Assistant Professor Orthopedics
Member

Regn. No. : 2007_31550

Dr. P.N. Kechhe

Associate Professor ENT
Member Secretary

Regn. No. : 2001/03/1228

Dr. B.N. Bangad

Professor Ophthalmology
President

Regn. No. : 2008/04/1734

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

Note: This is not valid for Medico Legal cases.

BAF

2016.2917

B.com IT

// CERTIFICATE //

SHRI V.N.GOV'T. MEDICAL COLLEGE & HOSPITAL, YAVATMAL
Office of the President handicapped Medical Board Shri vasantrao Naik
Govt. Medical College & Hospital, Yavatmal

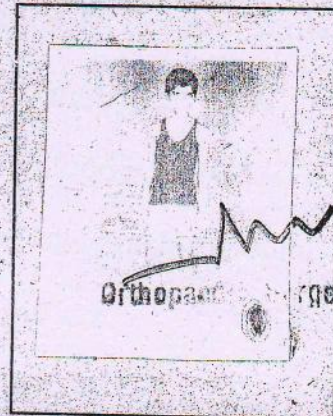
Read 1 :- Notification No. 42-83 H.W. III Govt. of India

Ministry of welfare Dated 6th August 1986

2 :- Resolution No.EED./1031/62/605/157/CA/-13/

March 1984 Government of Maharashtra Social
welfare Mantralaya, Mumbai -32

3. :- This Certificate is not Vailed for M.L.C. Cases



No.....156.1.....

Dated 3/9/2003.

Identification Mark

Signature of candidate

This is to Certify That Shri/Smt/Ku/Master... Jai Bharat Wankhede.

Age 14 Year Resident of R/o Pusad Dist YL

is Examined by above board on Date 3/9/2003

and found that he/ she is Physically handicapped (Temporary/Permenant) due to

Spatio Hemiparesis

Disability Percentage is 60%.

(In words Sixty %)

Opathaimic/ orthopedic
E.N.T. Surgeon /phychiartist
Member
Orthopaedic Surgeon.

Chairman
Handicapped Medical
Board, Yavatmal
Civil Surgeon & Superitendant
Shri Vasantrao Naik Govt.
Medical College & Hospital
Yavatmal

Resident medical Officer (CL) I
Member
Resident Yavatmal CL-1
Clinical
Shri Vasantrao Naik
Govt Medical College and Hospital
YAVATMAL

* Remark if any :-

2016-2017

Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Yavatmal
(Maharashtra, India)

Certificate Number: 353893

Date: 08/12/2016

This is to certify that I have carefully examined.

Person Identification Number: P151000479363

Aadhar Number: N/A

Shri/Smt./Kum: DALAVE DEVRAO MANIK SARUBAI

Father Name: Shri/Smt./Kum. MANIK

Date of Birth (dd/mm/yyyy):

Age: 25 years

Gender: Male

Permanent Address:

House Address: FETRA

Village: Fetra

District: Yavatmal

Taluka: Pusad

Pincode: N/A

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 %)
Physical Impairment	Lt. L/L	PPRP Left Lower Limb	56

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

2. Reassessment of disability

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

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

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

Dr. Jay Rathod

Assistant Professor Orthopedics

Member

Regn. No. : 2007_31550

Dr. Sharad Kuchewar

Associate Professor Medicine

Member Secretary

Regn. No. : 83609

Dr.S.H.Gawale

Professor ENT

President

Regn. No. : 55084

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

Note: This is not valid for Medico Legal cases.

BAJ

2016-17

SHRI VASANTRAO NAIK GOVT MEDICAL COLLEGE YAVATMAL
OFFICE OF THE PRESIDENT MEDICAL BOARD FOR HANDICAPPED PERSON
CERTIFICATE FOR THE PERSONS WITH DISABILITIES
NOT VALID FOR MLC/COURT CASES



Dr.
Ophthalmic Surgeon

Application /certificate No.
Date 17/4/2013

This is Certify that Shri/Smt/Kum. Shivaji Ramesh Dhadve.
R/o Mohadi TG Mahagaon.

Son/Wife/Daughter of Shri Ramesh Dhadve.
Aged about 44 Year Male/Female with OPD Reg.No. is 213902 was
exmined by above board on dated 17/4/2013 and found that He/She is
physically/Visually/Speech & Hearing/Mentally disabled (Temporary/Permanent) due to

(R) Amblyopia (L) Nucleus

Disability Percentage is 40 %
(in word Forty %)

1. This condition is progressive/Non progressive/Likely to improve/Not Likely to improve
2. Reassessment is not recommended/ is recommended after a period of 1 Month / Year (Strike out which is not applicable)
3. This certificate issued on the basis of remarks given by concerned subject specialists

Dr.
ORTHOPEDIC / OPTHALMIC / ENT / PSYCHATTTRIST / PEAD / PHYSICIAN
Surgeon Surgeon Surgeon

Dr.
Asst. Super./Resident Medical Officer (C)
Shri.V.N.Govt. Medical College & L
Hospital Yavatmal Shri V.N.G.M. & Hospital
YAVATMAL

Dr.
President
President of the Handicapped Board
Shri.V.N.Govt. Medical College &
Hospital Yavatmal Shri V.N.G.M.C.
Yavatmal

Signature/Thumb
Impression of the patient



B.com I



Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Yavatmal
(Maharashtra, India)

Certificate Number: 173043

Date: 13/05/15

This is to certify that I have carefully examined.

Person Identification Number: V151000246019

Aadhar Number: N/A

Shri/Smt./Kum: rathod amol kashiram

Father Name: Shri/Smt./Kum. kashiram

Date of Birth (dd/mm/yyyy):

Age: 18 years

Gender: Male

Permanent Address:

House Address: bornagar

Village: Bornagar

District: Yavatmal

Taluka: Pusad

Pincode: 445215

whose photograph is affixed above, and am satisfied that he / she is a case of *Visual 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 %)
Visual Impairment	Both Eyes	BE ALTERNATING EXOTROPIA WITH NYSTAGMUS WITH LE MACULAR SCAR	75

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:

Aadhar Card

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

Dr. Iqbal Bombaywala
Assistant Professor Ophthalmology
Member
Regn. No. : 2000/02/0814

DR ANIKET BUCHE
Assistant Professor ENT
Member Secretary
Regn. No. : 2010/05/1627

Dr. B.N. Bangde
Professor Ophthalmology
President
Regn. No. : 2008/04/1734

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

Note: This is not valid for Medico Legal cases.

B Com II (Eng)

MA II Ser

2016-2017

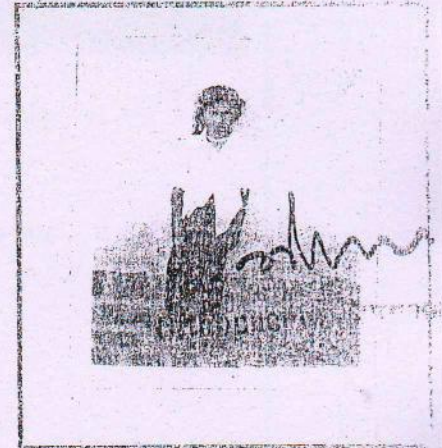
// CERTIFICATE //

SHRI V. N. GOVT. MEDICAL COLLEGE & HOSPITAL, YAVATMAL
Office of the Handicapped Medical Board Shri Vasantrao Naik
Govt. Medical College, and Hospital, Yavatmal

Read 1 :- Notification No. 4283 H.W. III Govt Of India
Ministry of welfare Dated 6th August 1986

2:- Resolution No. EED / 1081/62/665 / 157 / CA - 13 /
March - 1984 Government of Maharashtra Social
welfare Mantralaya, Mumbai - 32

3: - This Certificate is not Valled for M.L.C. Cases



No.1066.....



Dated ..2/11/2003

Identification Mark

Signature of Candidate

This is to Certify That Shri / Smt. / Ku / Master पु. ग. रमेश शिंदे

Age 10 Year Resident of मोरगाड

..... is examined by above board on Date 2/11/03

and found that He / She is Physically ,

handicapped (Temporary / permanent) due to (R) TBV

Disability 40% % is

Seal

(In Words forty %)

Opthalmic/ Orthopedic
E.N.T. Surgeon /Phychiatrist
Member

Orthopaedic Surgeon

Chairman

Handicapped Medical Board

Shri V. N. Govt. Medical College & Hospital, Yavatmal

Shri V. N. Govt. Medical College & Hospital, Yavatmal

Shri V. N. Govt. Medical College & Hospital, Yavatmal

Resident Medical Officer (CL) :

Member

Resident Medical Officer (CL) :

Member

Shri V. N. Govt. Medical College & Hospital, Yavatmal

YAVATMAL

* Remark if any :-

2017 - 2018

Msc IV 2017 18

Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Yavatmal
(Maharashtra, India)

Certificate Number: 361394

Date: 30/12/2016

This is to certify that I have carefully examined.

Person Identification Number: PI51000493798

Aadhar Number: N/A

Shri/Smt./Kum: JAISWAL MONIKA ANIL MANGALA

Father Name: Shri/Smt./Kum. ANIL

Date of Birth (dd/mm/yyyy):

Age: 20 years

Gender: Female

Permanent Address:

House Address: SHIVAJI WARD

Village: Pusad

Taluka: Pusad

District: Yavatmal

Pincode: N/A

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 %)
Physical Impairment	Bil. L/L	PARAPARESIS	58

1. The Above condition is **Permanent, non-progressive, not likely to improve**
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: **Aadhar Card**
4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

Dr SAGAR ZOPATE

Orthopedic Surgeon

Member

Regn. No. : MCI 10-36418

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

Dr. Sharad Kuchewar

Associate Professor in Forensic
Medicine

Member Secretary

Regn. No. : 83609

DR VIJAY POTE

Associate Professor

President

Regn. No. : 56504

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

Note: This is not valid for Medico Legal cases.

Asso. Prof. in Forensic
Medicine
Phuising Naik Mahavidyalaya
Pusad Dist. Yavatmal