

**ETHIRAJ COLLEGE FOR WOMEN (Autonomous)**

**Chennai – 600 008**

*Affiliated to the University of Madras*

*College with Potential for Excellence*

*Reaccredited with A+ Grade by NAAC*



## **2.1 Student Enrolment and Profile**

### **2.1.2 Percentage of Differently Abled Students (DIVYANGJAN) 2021-2022**



**ETHIRAJ COLLEGE FOR WOMEN (Autonomous)**

**Chennai – 600 008**

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### 2.1.2 List of Differently Abled Students (Divyangjan 2021-2022)

S. No	Program Enrolled	Name of the Student Enrolled Under Differently Abled Category	Nature of Disability	Unique Disability ID (UDID) Card Number
1.	B.Com Corporate Secretaryship	FATHIMA PARVEEN	Locomotive Disability	14240/E2Vd/2021
2.	B.A English	L.SHARON MIRACLIN	Congenital Blind	33340000021011095102
3.	B.A English	T.DHARSHINI	Blindness	TN0240220040100647
4.	B.Com	P.JANANI	Locomotive Disability	SRT/ILD/21
5.	M.A Tamil	H.ARCHANA	Blindness	85/133558
6.	B.A TTM	JASMIKA P	Dyslexia	CHN/ID/65153
7.	B.A History	MARIA JONAFFA A	Visually Challenged	63137
8.	B.A History	POROPIYA D	Visually Challenged	34285
9.	B.A History	SATHYA PRABHA M	Visually Challenged	24379
10.	B.A History	SHARMILA DEVI V	Visually Challenged	SRTC/VI/11
11.	B.A History	TEERATHANA	Visually Challenged	2119
12.	M.A History	ISWARYA. S	Visually Challenged	33560
13.	M.A History	ROSHINI. S	Physically Challenged	SRTC/LD/1

*S. Murugesan*

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

B. Com Corporate Secretaryship (Aid) FATHIMA PARVEEN A.

Reg. no 2113311042011

Form - IV

Disability Certificate

(Admitted during 2021-22)

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

NAME AND ADDRESS OF THE  
MEDICAL AUTHORITY  
ISSUING THE CERTIFICATE:

REGIONAL MEDICAL BOARD  
GOVT. STANLEY HOSPITAL  
CHENNAI - 600 001.



Certificate No. 14260/Es/21/2021

Date: 25/10/21

This is to certify that I have carefully examined

Shri/Smt./K ... FATHIMA PARVEEN

son/wife/daughter of Shri ABBAS ALI

Birth 28/6/2002 Age 19 years, male/female Female  
(DD / MM / YY)

Registration No. 14260/2021 permanent resident of House No. 11/23,

Ward/Village/Street Thayappan Street Post-Office Seven Wells, District  
Broadway, Chennai State Tamil Nadu

whose photograph is affixed above, and am satisfied that he/she is a case of locomotor Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@	Infantile (R)	54%
2.	Low Vision	#	Hemiparesis	Highly form
3.	Blindness	Both eyes		
4.	Hearing Impaired	£		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

GCP-410-8-4,00,000 Cps. -24-9-2014. (HCL-11)

*V. Shanthi*  
21/22

Dr. V. Shanthi

Associate Professor and Head  
Department of Corporate Secretaryship  
Ethiraj College for Women

*S. Narayanaswami*

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

Name: MS FATHIMA PARVATHI

Age: Sex:

15/10/12  
FEMALE

OF IF NO

2018-19  
121000107

**COURSE IN THE HOSPITAL:** 15 years young girl admitted alleged to have Deformity arthritis lengthening in childhood. After thorough clinical & radiological evaluation patient diagnosed to have **NEGLECTED CONGENITAL TALIPES EQUINO VARUS (CTEY)**. After thorough pre op evaluation Dr. Saravana Kumar (Anesthetist) Patient underwent **PANTALAR ARTHRODESIS WITH TENDO PLANTAR FASCIA RELEASE RIGHT FOOT ON 06.05.2012**. Post operative patient treated with 7 Antibiotics, IV Fluids and Analgesic given. Post op Rehabilitation and was given. Patient hemodynamically stable. Patient discharged with following advice. Course in the hospital was uneventful.

**SURGERY: PANTALAR ARTHRODESIS WITH TENDO PLANTAR FASCIA RELEASE RIGHT FOOT ON 06.05.2012**

Lower limb anaesthesia (after 100% oxygen pre-ox) on parts painted and draped. Under tourniquet control dem vertical incision over posterior aspect of lower 1/3 of leg. Incision deepened, tendo achilles inverted L shaped release so and lengthening done. Incision of 2 inches made over the plantar aspect of right foot to release the tense-plantar fascia. Incision of 7cm made over the distal lateral aspect of right foot incision deepened exposing subtalar, calcaneocuboid, talonavicular, articular surfaces were denuded and osteotomy was performed over the superior aspect of calcaneum, inferior aspect of talus, cuboid and navicular. Triple arthrodesis performed using a bone graft and 3 staples of which 1-Titanium, 2. Stainless steel. 4" incision made over anterior aspect of ankle joint and articular cartilage of tibio talar joint was debrided and osteomized. Arthrodesis was performed using 2, 6.5mm cannulated cancellous. Screws thorough wound wash given, wound closed with layers sterile dressing applied. AK's applied. Post operative period uneventful.

**Condition at Discharge:** Patient condition symptomatically improved. Condition at discharge was stable.

Nature of disability : Locomotive Disability

: 14240 / E2 Vd. / 2021

*S. Muralidharan*  
PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

**Form - II**  
**Disability Certificate**  
(In cases of amputation or complete permanent paralysis of limbs  
and in cases of blindness)

NAME AND ADDRESS OF THE  
MEDICAL AUTHORITY  
ISSUING THE CERTIFICATE:



Dr. M. SRINIVASAN, MBBS, D. ORTHO  
Reg No: 81079

ASSISTANT SURGEON  
GOVERNMENT HOSPITAL  
SRIPERUMBUDUR  
KANCHIPURAM DISTRICT.

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined  
Shri/Smt./Kum. L. SHARON MIRACLIN.

son/wife/daughter of Shri. A. Livingston Athisayara  
Birth 10 04 2004 Age 12 years, male/female \_\_\_\_\_  
(date) (month) (year)

Date of \_\_\_\_\_

Registration No. \_\_\_\_\_ permanent resident of House No. \_\_\_\_\_  
03 Ward/Village/Street Church St Post-Office Urappakkam  
District KDM State TN whose photograph is affixed  
above, and am satisfied that:

(A) he/she is a case of:

Locomotor Disability  
(Please tick as applicable)

Blindness

(B) the diagnosis in his/her case is Congenital. Absence of Radius & Ulna.

Bilaterally.

(1) He/She has 80 % (in figure) Eighty percent  
(in words) permanent physical impairment/blindness in relation to his/her Both  
(part of body) as per guidelines (to be specified). upper limb

(2) The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
Ration Card	2005 - 2009	02/07/0136330



S. Manjoushi  
PRINCIPAL

Signature/Thumb Impression of the  
person in whose Favour disability  
certificate is issued

ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

IP-410-5-4.00.000 Cps-24-9-2014 (HCL-11)

J. M. Mangayarkarasi  
Dr. J. MANGAYARKARASI  
M.A., M.Phil (PGCE EFLU), Ph.D.,  
ASSOCIATE PROFESSOR AND HEAD  
POST GRADUATE INSTITUTE DEPARTMENT OF ENGLISH  
ETHIRAJ COLLEGE FOR WOMEN,  
CHENNAI-600 008.

M. Srinivasan  
31/8/2016.

(Signature and seal of authorized  
Signatory of notified Medical Authority)

Dr. M. SRINIVASAN, MBBS, D. ORTHO  
Reg No: 81079  
ASSISTANT SURGEON  
GOVERNMENT HOSPITAL  
SRIPERUMBUDUR  
KANCHIPURAM DISTRICT.

DEPARTMENT OF ENGLISH

T. DHARSHINI

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the C



CIVIL ASSISTANT SURGEON  
Regional Institute of Ophthalmology  
Govt. Ophthalmic Hospital, Egmore, Chennai  
Date: 17/06/2021

Certificate No.

This is to certify that I have carefully examined Shri/Smt./Kum. T. Dharsshini sen/wife/daughter of Shri M. Thangaraj Date of Birth (DD/MM/YY) 09/01/2004 Age 17 years, male/female registration No. permanent resident of House No. 2, Venkata Krishna Ward/Village/Street old, washmenpet Post Office chennai District 600021 State Tamilnadu, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is BE CONE DYSSTROPHY

(A) he/she has 70 % (in figure) SEVENTY percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her Both (part of body) as per guidelines (..... number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
Aadhar card		Govt of India.

J.W/26/23  
T. Dharsshini

Signature/thumb Impression of the Person in whose favour certificate of disability is issued



S. Mageswari  
PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

(Dr. J. Mohan)  
4/600

(Signature and Seal of Authorised Signatory of notified Medical Authority)  
CIVIL ASSISTANT SURGEON  
Regional Institute of Ophthalmology & Govt. Ophthalmic Hospital, Egmore, Chennai

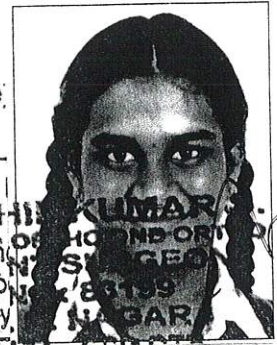
Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

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



Recent  
satisfied  
showing  
the  
disability

Dr. Senthil Kumar  
M.S. ORTHO D. ORTHO DNB ORTHO  
ASSISTANT SURGEON  
REG No: 83199  
GPH K. K. NAGAR,  
CHENNAI

Certificate No. SRT (LD) 21

Date:

P. JANANI

This is to certify that I have carefully examined Shri/Smt./Kum. P. JANANI  
DAUGHTER son/wife/daughter of Shri R. PANDIAN Date of Birth  
(DD/MM/YY) 21/01/2004 Age 15 years, male/female FEMALE registration  
No. (HN) LD 157638 permanent resident of House No. C3 ANAND APT. Ward/Village/Street  
50, LB ROAD Post Office 600041 District CHENNAI-41 State  
TAMIL NADU, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is Congenital Pseudoarthrosis of the humerus

(A) he/she has 64 % (in figure) 64 percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her limbs (part of body) as per guidelines 6" (number and date of issue of the guidelines to be specified) moder

2. The applicant has submitted the following document as proof of residence:- affair post

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Adhaar card</u>		<u>Govt - B - India</u>

A.S. Gayathri  
11/8/23

**Dr. A. S. Gayathri**

Associate Professor & Research Supervisor  
PG & Research Department of Commerce (Aided)  
Ethiraj College for Women (Autonomous)  
Chennai - 600008

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

9/4/19  
**Dr. SENTHIL KUMAR S.**  
M.S. ORTHO D. ORTHO DNB ORTHO  
ASSISTANT SURGEON  
REG No : 83199  
GPH K. K. NAGAR,  
CHENNAI - 600 078

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

Signature/thumb  
Impression of the  
Person in whose favour certificate  
of disability is issued



தமிழ்நாடு அரசு  
GOVERNMENT OF TAMIL NADU

உதவிகள் பதிவுப் பச்சகம்  
PASS கார்டு தீர்மானம்

வழங்கும் அதிகாரம்:  
தமிழ்நாடு அரசு 19/5/15

Issuing Authority:  
Government of Tamil Nadu



மாநில குறியீடு State Code	மாவட்டத்தின் பெயர் Name of the District	அலாயன் அட்டை எண் Disability Code	அலாயன் அட்டை எண் Identity Card No.
TN	VLR.	VI	20253

**குறிப்பு**

இந்த அலாயன் அட்டைக்குரியவர் மத்திய மாநில அரசு ஊர்ந்த மற்றும் உள்ளாட்சி நிர்வாகங்களால் வழங்கப்படும் உதவிகள்/சலுகைகள் அல்லவோடு வெளியிடப்படும் சட்டம்/விதிமுறைகளின்படி தீர்மானிக்கப்படும் தலைவாரிய அலாயன் அட்டை தவறான வழியிலானவோ/மோசடியாகவோ பயன்படுத்தக்கூடாத சலுகைகளை பெறுதல்/பெறுதலுக்குரியவர்களுக்கு மட்டும் மட்டும் தான் உரிமை உள்ளது. சிதைத் தண்டனை அல்லது சிறை தண்டனை மாவட்டம் அல்லது இரண்டும் சேர்த்தே தண்டனையாக வழங்கப்படும்.

**INSTRUCTION**

39925 பதிவு நாள்: 19.5.15  
The holder of the Identity Card for Person with Disabilities is eligible to claim concessions/benefits provided by Central Government, State Government, Statutory Bodies and other Local Authorities in accordance with the Act/Rules. Instantaneous தீர்மானம் அட்டை எண்: 19/5/15  
Whoever fraudulently avails of benefits to avail any benefit meant for persons with disabilities, shall be punishable with imprisonment for a term, which may extend to two years or with fine which may extend to twenty thousand rupees or with both.

*[Handwritten signature]*

முனைவர் சி. நிர்மலா  
குறைந்த தகவல்  
தமிழ் குறைவை மற்றும் உயர்வல் குறை  
எந்திராஜ் மனசி கெளரி  
சென்னை-600 008.



வழங்கப்பட்ட தேதி

Date of Issue:

19.5.15

செல்லத்தக்க காலம்

Valid upto:

(18 வயதிற்குட்பட்ட குழந்தைகளுக்கு மட்டும்)  
(only for children below 18 years of age)

1. பெயர்  
Name

H. அரிச்சுனா

2. தந்தை/தாய்/பாதுகாவலர் பெயர்  
Father/Mother/Guardian Name

D/O ஜேமரீன்

3. பிறந்த தேதி மற்றும் வயது  
Date of Birth & Age

28 | 10 | 1998 | 17

4. பாலினம்  
Sex

ஆண் Male	பெண் Female
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5. வகுப்பு  
Community

தா.வ./ப.கு./பி.வ./மி.பி.வ. மற்றும் சீ.ம./ம.வ.  
SC/ST/BC/MBC and DC/ Others

உட்பிரிவு  
Sub-Caste

1/44, ஜேமரீன்

6. முகவரி (தொலைபேசி எண்ணுடன்)  
Address (with Telephone No.)

அரியூர் கம்பம்

7. இரத்தத் திரிபு  
Blood Group

அரியூர் (PO)  
ஜேமரீன்

8. கல்வி/தொழிற்கல்வி/தொழிற்முறை தகுதி  
Educational/ Vocational/Professional Qualification

குடும்ப வருமானம் (ஆண்டு)  
Family income (P.A.)

10. தொழில்  
Occupation

S. Murali

முனைவர் பெ. நிர்மலா  
தலைவர்  
தமிழ் முதுகலை மற்றும் உயராய்வுத் துறை  
எத்திராஜ் மகளிர் கல்லூரி  
சென்னை-600 008.

11. வேலைவாய்ப்பு அலுவலகத்தில்  
பதிவு செய்யப்பட்டுள்ளதா?  
Registration in Employment

ஆம் இல்லை  
Yes No

12. மாவட்ட வேலைவாய்ப்பு  
அலுவலகம்  
District Employment Office

வாழ்க்கைத் தொழில்  
மறுவாழ்வு மையம்  
Vocational Rehabilitation  
Centre (VRC)

பதிவு எண்  
Reg. No.

நாள்  
Date

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13. அங்க அடையாளங்கள் (1)  
Identification Marks

14. ஊனத்தின் தன்மை (2)  
Nature of Disability

15. ஊனத்தின் அளவு/சதவிகிதம்  
Degree/Percentage of Disability

16. மருத்துவச் சான்று வழங்கியது/வழங்கியவர்  
Medical Certificate issued by

- (அ) மருத்துவக் குழு  
(a) Medical Board  
(ஆ) வழங்கிய நாள்:  
(b) Date of Issue:

இடது பக்கம் காது உள்  
மேல்  
VI (100%)  
Hundred.

அட்டை வைத்திருப்பவரின் கையொப்பம்/  
இடது கைப் பெருவிரல் ரேகை  
Signature/Thumb impression of  
Cardholder

மாவட்ட ஊனமுற்றோர்  
மறுவாழ்வு அலுவலர்  
கையொப்பம் முத்திரையுடன்  
Signature of District Disabled  
Rehabilitation Officer with Seal

மாவட்ட மருத்துவ துறைமன்றம், வேலூர் மாவட்டம்  
District Medical Officers' Association, Veeravalli, District

முனைவர் பெ. திருமலை  
தலைவர்  
தமிழ் முதுகலை மற்றும் உயர்பயிற்சி  
எத்திராஜ் மகளிர் கல்லூரி  
சென்னை-600 008.

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

FORM - IV

DISABILITY CERTIFICATE

(in cases other than those mentioned in Forms II and III)  
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)  
(Rule 4)

Certificate No.

85/133558

29.4.15



Asst. Professor in Ophthalmology  
Govt. Vellore Medical College &  
Hospital, VELLORE - 11

This is to certify that have carefully

Shri / Smt./ Kum. H. Archana

son/wife/daughter of Shri Hemadri

Date of Birth 28-10-1998 Age 16 years, Male  Female   
(DD/MM/YY)

Registration No. 85/133558 Permanent resident of House

No. 1/44 A Alamara <sup>St</sup> Ward/Village/Street Aiyur Kuppan, Ariyur (P) Pos.

Office Vellore District Vellore State Tamilnadu

whose photograph is affixed above, and ascertained that:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Mental Disability (in%)
1	Locomotor Disability	( )		
2	Low Vision			
3	Blindness	Both Eyes		
4	Hearing Impairment			
5	Mental Retardation			
6	Mental Illness			

*S. Mageswari*

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

*[Signature]*  
முனைவர் சி. நிர்மலா  
தமிழ் மருத்துவக் கல்லூரி  
சென்னை-600 008.  
000 008-மருத்துவ

I T T M

BA TTM (2021-22)

Jasmika. P.

# Disability Certificate

Regno: 2113311032012

State Resource Cum Training Centre for Differently Abled Persons,  
K.K. Nagar, Chennai 600 078.

Certificate No: CHN/ED/65153

## CERTIFICATE FOR THE PERSON WITH DISABILITIES


This is to certify that Shri / Smt / Kum Jasmika P  
age 19 years 11 months / D of Shri Sashikumar P, is a person with  
(nature and percentage of disability as mentioned in the certificate of disability).

Note: DUE TO THE ABOVE MENTIONED IMPAIRMENT FOLLOWING CONCESSION MAY BE GIVEN

IQ 60 (sixty) Mild Mental Retardation

- 1. EXEMPTION FROM TAMIL / SECOND LANGUAGE
- 2. EXTRA ONE HOUR FOR WRITING THEORY EXAM
- 3. ALLOCATION OF A SCRIBE
- 4. OVER LOOKING SPELLING MISTAKES AND GRAMATIC ERRORS
- 5. USING CALCULATOR

Disability 50%  
 (Jasper)  
 DR. G. VANISHREE, M.B.S., M.P.M.  
 REG. NO: 69171  
 ASSISTANT SURGEON  
 INSTITUTE OF MENTAL HEALTH  
 KILPAUK, CHENNAI - 600 010



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 ..... Months / Years.

\*Strike Out which is not applicable

P. Jasmika

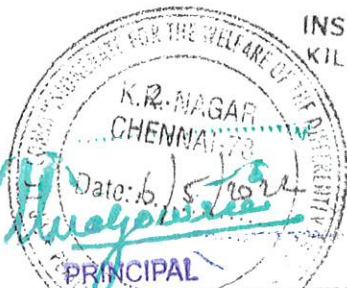
Signature / Thumb Impression of the Patient  
Receiver photo & Stamp fixed here

(Signature and Seal of authorized)

G. Vanishree  
(Signatory of notified Medical Authority)

Dr. G. VANISHREE, M.B.S., M.P.M.  
REG. NO: 69371  
ASSISTANT SURGEON  
INSTITUTE OF MENTAL HEALTH  
KILPAUK, CHENNAI - 600 010

I. S. Kutty  
M.A., M.Phil. (Clin. Psy.)  
Clinical Psychologist, RCI ORR No : A08386  
Lecturer, Dept. of Clinical Psychology,  
NIEPMD, DEPwD, MSJ & E. Govt. of India,  
Chennai - 603 112.



ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

P. Praveen Kumar  
DEPARTMENT OF HISTORY,  
TOURISM AND TRAVEL MANAGEMENT,  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008

# गष्ट्रीय बहुविकलांग व्यक्ति अधिकारिता संस्थान

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)

For Persons with Disabilities, Ministry of Social Justice & Empowerment, Government of India

ईस्ट कोस्ट मार्ग, मुत्तुकाडु, कोवलम पोस्ट, चेन्नै - 603 112, तमिलनाडु, भारत

East Coast Road, Muttukadu, Kovalam Post, Chennai - 603 112, Tamilnadu, INDIA

NIEPMD/Clin. Psy/17 (2)/2022-2023/123

Date: 27/04/2022

## Psychological Assessment Report

Miss Jasmika P (Reg No.496/22/MD) aged 19 years and 11 Months, Female, D/o. Mr. Sashikumar P and Mrs. Lakshmi P was brought by her Parents for psychological assessment. She was assessed using Binet Kamat Test of Intelligence (BKT) and Vineland Social Maturity Scale (VSMS). The tests were administered on 08<sup>th</sup> and 13<sup>th</sup> April 2022.

### Test Findings:

- On BKT, her Basal Age (BA) was 8 years, Terminal Age (TA) was 16 years, and Mental Age (MA) was 9 years 6months, with corresponding Prorated Intelligence Quotient (IQ) of 67 indicating Mild Intellectual Disability.
- On VSMS, her Social Age (SA) was found to be 9 years 8 months with corresponding Social Quotient (SQ) of 64, indicating Mild deficits in Socio-Adaptive Functioning.

### Impression

#### **Mild Intellectual Disability (50% Disability\*)**

\*Ref: The Gazette of Indian Disability Certification Guidelines, Jan 2018

### Recommendations

- Parental counselling
- She could continue her education in the current college education system with additional support
- Supervision and training at home and college environment to enhance her adaptive and academic skills
- Social skills training
- Supportive therapy
- She could avail academic benefits of scribe or compensatory time overlooking of spelling errors, exemption from second language during her university examination
- She could benefit from job related skill training after completion of her formal education

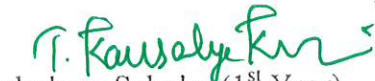
Assessed By:



(Rosmin Joy K)

MPhil Clinical Psychology Scholar (1<sup>st</sup> Year)

(Batch: 2020-22)



DEPARTMENT OF HISTORY,  
TOURISM AND TRAVEL MANAGEMENT,  
ETHIRAJ COLLEGE FOR WOMEN



PRINCIPAL

ETHIRAJ COLLEGE FOR WOMEN

(AUTONOMOUS)

CHENNAI-600 008.

(Srigowri Rajesh)

Clinical Psychologist

RCI-CRR No: A03452

टेली फॅक्स / Telefax : 044-27472389, telephones : 2747 2104, 2747 2113, 2747 2046

ई-मेल / E-mail : niepmd@gmail.com Website : www.niepmd.tn.nic.in

Winner of National Award for the Best Accessible Website For Persons With Disabilities

I History

1. சமூகநலன் பாதுகாப்புத் துறை  
**Disability Certificate**  
 மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 Name & Address of the Institute / Hospital issuing the Certificate  
 Certificate No. \_\_\_\_\_ Date \_\_\_\_\_  
 சமூகநலன் பாதுகாப்புத் துறை  
**Certificate for the Persons with Disabilities**  
 பெயர்/பெயர்/பெயர்  
 A. Civil / Civil  
 மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 This is to certify that Shri/Smt./M/s Maria Jona  
 son/daughter of Antonio  
 Shri \_\_\_\_\_  
 Age 13 old male/female Registration No. \_\_\_\_\_ is  
 a case of \_\_\_\_\_  
 He/She is  physically disabled /  visual disabled /  speech/hearing  
 disabled and / as \_\_\_\_\_ % (100-7) per cent  
 permanent (physical impairment/visual impairment / speech /  
 hearing impairment) in relation to his/her \_\_\_\_\_  
 (குறிப்பு)  
 Note  
 1. சமூகநலன் பாதுகாப்புத் துறை, இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 இயற்கை/உயிர் சிவன அமைதி மன்றம் / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 This condition is progressive / non-progressive / likely to improve /  
 not likely to improve  
 2. மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம் / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 Re-assessment is not recommended / is recommended after  
 a period of \_\_\_\_\_ months/years  
 மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 Marksheet which is not applicable

23/10/14  
 163133  
 CIVIL ASSISTANT SURGEON  
 Regional Institute of Ophthalmology &  
 Govt. Ophthalmic Hospital, Egmore, Ch-8.  
 CIVIL ASSISTANT SURGEON  
 Regional Institute of Ophthalmology &  
 Govt. Ophthalmic Hospital, Egmore, Ch-8.  
 CIVIL ASSISTANT SURGEON  
 Regional Institute of Ophthalmology &  
 Govt. Ophthalmic Hospital, Egmore, Ch-8.  
 Signature / Thumb Impression of the patient

மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 மருத்துவமனை / இயற்கை/உயிர் சிவன அமைதி மன்றம்  
 Countersigned by the  
 Medical Superintendent/CMO/Head  
 of Hospital (with Seal)



23/10/14  
 163133  
 CIVIL ASSISTANT SURGEON  
 Regional Institute of Ophthalmology &  
 Govt. Ophthalmic Hospital, Egmore, Ch-8.

BA HISTORY (2021-2022)

MARIA JONAFFA . A

REG NO : 2113311020036

*S. Thirayappa*

PRINCIPAL  
 ETHIRAJ COLLEGE FOR WOMEN  
 (AUTONOMOUS)  
 CHENNAI-600 008.

*T. Kausalya Kuri*

DEPARTMENT OF HISTORY,  
 TOURISM AND TRAVEL MANAGEMENT,  
 ETHIRAJ COLLEGE FOR WOMEN  
 (AUTONOMOUS)  
 CHENNAI-600 008

SSA-IED, உத்தரவுகள்

செயல்பாட்டு நெறிமுறை

XI. அறங்காவலாளர்: 9952557566

34285 21/12/2019

மாநில அரசு  
தமிழ்நாடு அரசு  
உதவிகள் பதிவுப் புத்தகம்  
வழங்கும் அதிகாரம்:  
தமிழ்நாடு அரசு  
Issuing Authority:  
Government of Tamil Nadu

மாநில மறுவாழ்வு அலுவலகம்  
செயற்குறியிடம்

BA HISTORY (2021-2022)

D. PERUPIYA

Regno: 2113311020043



தமிழ்நாடு அரசு  
GOVERNMENT OF TAMIL NADU  
உதவிகள் பதிவுப் புத்தகம்  
PASS BOOK  
வழங்கும் அதிகாரம்:  
தமிழ்நாடு அரசு  
Issuing Authority:  
Government of Tamil Nadu



மாநிலக் குறியீடு State Code	மாவட்டத்தின் பெயர் Name of the District	ஊனத்தின் குறியீடு Disability Code	அடையாள அட்டை எண் Identity Card No.
TN	KPM	VI	34080

குறிப்பு

இந்த அடையாள அட்டைக்குரியவர் மத்திய அரசு, மாநில அரசு, அரசு சார்பற்ற மற்றும் உள்ளாட்சி நிர்வாகங்கள் அல்லவோது வெளியிடப்படும் பெறத் தகுதியுடையவராவார். ஊனமுற்றோருக்கான சலுகைகள் தண்டனைக்குரியது ஆகும். மீறின ரூபாய் இருபதாயிரம் அபராதம் வழங்கப்படும்.



Instruction

The holder of the identity Card is not eligible to claim concessions/benefits provided by Government Bodies and other Local authorities in a State or Union Territory from the date of issue by these authorities from time to time. Whoever fraudulently avails or attempts to do so, shall be punishable with imprisonment which may extend to two years or with fine which may extend to twenty thousand rupees or with both.

வழங்கப்பட்ட தேதி  
Date of Issue: 21.12.2019

செல்லத்தக்க காலம்  
Valid upto: (18 வயதிற்குட்பட்ட குழந்தைகளுக்கு மட்டும்)  
Valid for children below 18 years of age)

பெயர்  
Name: D. PERUPIYA

2. தந்தை / தாய் / பாதுகாவலர் பெயர்  
Father/Mother/Guardian Name: D. PERUPIYA

3. பிறந்த தேதி மற்றும் வயது  
Date of Birth & Age: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

4. பாலினம்  
Sex: ஆண் Male / பெண் Female

5. வகுப்பு  
Community: SC/ST/B/C/MBC and D.C./Others

6. முகவரி (தொலைபேதி எண்ணுடன்)  
Address (with Telephone No.): 125, தாய்மொழி கல்வி கல்வி  
மாண்புமிகு கல்வித் துறை அமைச்சர்  
உத்தரவுகள்

7. இரத்தத்தின் பிரிவு  
Blood Group: I. B

8. கல்வித்தகுதி/தொழில்சலவி/தொழில்முறை  
Educational Qualification/Vocational/Professional: I. B

9. குடும்ப வருமானம் (ஆண்டு)  
Family Income (P.A.):

10. தொழில்  
Occupation: PRINCIPAL

11. வேலைவாய்ப்பு அலுவலகத்தில் பதிவு செய்யப்பட்டுள்ளதா?  
Whether Registered in Employment Office? ஆம் இல்லை Yes No

12. மாவட்ட வேலைவாய்ப்பு அலுவலகம் வாழ்க்கைத் தொழிலில் மறுவாழ்வு மையம் District Employment Office Vocational Rehabilitation Centre (VRC) பதிவு எண் Reg. No. [ ] [ ] [ ] [ ] நாள் Date [ ] [ ] [ ] [ ] [ ] [ ]

13. அங்க அடையாளங்கள் (i) இக்கடன் உடல் குறிப்பிட்டு  
Identification Marks (ii) உடல்துறையில் பதிவு எண்  
2020

14. ஊனத்தின் தன்மை  
Nature of Disability: VI

15. ஊனத்தின் அளவு / சதவிகிதம்  
Degree / Percentage of Disability: 100%

16. மருத்துவர் சான்று வழங்கியது / வழங்கியவர்  
Medical Certificate issued by (அ) மருத்துவக் குழு (ஆ) வழங்கிய நாள் (a) Medical Board (b) Date of Issue 30/12/2019

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008

DEPARTMENT OF  
TOURISM AND TRAVEL MANAGEMENT,  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008

மாநில மறுவாழ்வு அலுவலகம்  
Rehabilitation Officer with co-2

I History  
Name: Sathya Priya

BA History (2021-22)

M. Sathya Prabha

Regno: 2113311020053

1. உணத்தின் சான்றிதழ்  
Disability Certificate

மருத்துவமனை / நிறுவனத்தின் பெயர் மற்றும் முகவரி  
சான்றிதழ் எண். நாள்:

Name & Address of the Institute / Hospital issuing the Certificate  
Certificate No. Date

உணமுற்றோருக்கான மருத்துவச் சான்றிதழ்  
Certificate for the Persons with Disabilities

திரு. / திருமதி. / செல்வி.

த.பெ. / க.பெ.

ஆண் / பெண்

பதிவு எண்

வயது

இவர்

பார்வையற்றவர் / உடல் உணமுற்றவர் / பேசும்பிறன் / செவித்திறன் குறையுடையவர்  
சதவிகிதம் (%) உணமுற்றவர்

This is to certify that Shri. / Smt. / Kum. Sathya Prabha

Son / Wife / Daughter of M. Sathya Prabha

Shri. M. Sathya Prabha

Age 11 Old-Male / Female, Registration No. BB-100-100-100-100 is

a case of BB-100-100-100-100 (percent) permanent (physical

He / She is physically disabled / visual disabled / speech & hearing disabled

and has BB-100-100-100-100 (percent) permanent (physical

impairment/ visual impairment / Speech & Hearing impairment) in relation to

his / her BB-100-100-100-100

குறிப்பு BB-100-100-100-100

Note

1. உணத்தின் தன்மை முன்னேற்றம் அடையக்கூடியது / முன்னேற்றம் / முன்னேற்றம்

அடைய முடியாதது. / சீரமைக்கக்கூடியது / சீரமைக்க முடியாதது.

This condition is progressive / non- progressive / likely to improve / not

likely to improve\* BB-100-100-100-100

2. மாதங்கள் / ஆண்டுகள் பிறகு மறு மதிப்பீடு செய்ய

பரிந்துரைக்கப்படுகிறது / பரிந்துரைக்கப்படவில்லை.

Re-assessment is not recommended / is recommended after a period of

BB-100-100-100-100 months / years\* BB-100-100-100-100

\*பொருத்தமில்லாதவற்றை அழிக்கவும்

6

கையொப்பம் (மருத்துவர்) (முத்திரையுடன்) (DOCTOR) Seal  
கையொப்பம் (மருத்துவர்) (முத்திரையுடன்) (DOCTOR) Seal  
கையொப்பம் (மருத்துவர்) (முத்திரையுடன்) (DOCTOR) Seal

உணமுற்ற நபரின் கையொப்பம் / விரல் தோக்கை  
Signature / Thumb Impression of the Patient



மருத்துவக் கண்காணிப்பாளர் /  
தலைமை மருத்துவ அலுவலர்  
மருத்துவமனைத் தலைவரின் மேலொப்பம்  
Countersigned by the  
Medical Superintendent / CMC /  
Head of Hospital (with Seal)

S. Muralidharan

T. Kausalya Kumar

DEPARTMENT OF HISTORY,  
TOURISM AND TRAVEL MANAGEMENT,  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008  
PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.





மாண்புமிகு தலைமைத் துறைமன்றத்தின் மூலம்  
தமிழ்நாடு அரசு உதவிகள் துறைமன்றம்  
தலைநகரம், சென்னை-600 008

பதிவு எண்: 20710 நாள்: 29.11.2018

*[Signature]*  
District Differently Abled Welfare Officer  
Eudisai District

29/11/2018



தமிழ்நாடு அரசு  
GOVERNMENT OF TAMILNADU  
உதவிகள் பதிவுப் புத்தகம்  
PASS BOOK

வழங்கும் அதிகாரம்:  
தமிழ்நாடு அரசு  
Issuing Authority: Government of Tamilnadu



மாநில குறியீடு State Code	மாவட்டத்தின் பெயர் Name of the District	ஊனத்தின் குறியீடு Disability Code	அடையாள அட்டை எண். Identity Card No.
TN	தர்மபுரி	VI	24379

குறிப்பு:

இந்த அடையாள அட்டைக்குரியவர் மத்திய அரசு, மாநில அரசு, அரசு சார்பற்ற மற்றும் உள்ளூர் நிர்வாகங்களில் வழங்கப்படும் உதவிகள் / சலுகைகள் அவ்வப்போது வெளியிடப்படும் சட்டம் / விதி அறிவுரைகளுக்குப்பாடு பெறத் தகுதியுடையவராவார்.  
தவறான வழியிலோ / மோசடியாகவோ ஊனமுற்றோருக்கான சலுகைகளைப் பெறுதல் / பெற முயற்சித்தல் தண்டனைக்குரியது ஆகும். யூரினால் இரண்டாண்டு சிறைத்தண்டனை அல்லது ரூபாய் இருபதாயிரம் அபராதம் அல்லது இரண்டும் சேர்த்தோ தண்டனையை வழங்கப்படும்.

Instruction

The holder of the Identity Card for Person with Disabilities is eligible to claim concessions / benefits provided by Central Government, State Government, Statutory Bodies and other Local authorities in accordance with the Act / Rules / Instructions issued by these authorities from time to time.

Whoever fraudulently avails or attempts to avail any benefit meant for persons with disabilities, shall be punishable with imprisonment for a term, which may extend to two years or with fine which may extend to twenty thousand rupees or with both.

வழங்கப்பட்ட தேதி  
Date of Issue

23/8/2012

செல்லத்தக்க காலம்  
Valid up to:

1. பெயர்  
Name

*[Handwritten Name]*

2. தந்தை / தாய் / பாடுகாவலன் பெயர்  
Father / Mother / Guardian Name:

*[Handwritten Name]*

3. பிறந்த தேதி மற்றும் வயது  
Date of Birth & Age

05 06 02 11

4. பாலினம்  
Sex

ஆண் Male பெண் Female

5. வகுப்பு  
Community

தா.வ / ப.கு. / பி.வ. / பி.வி.வ / மற்றும் சீ.ம / ம.வ  
SC / ST / BC / MBC / and D.C. / Others

உட்பினவு  
Sub-Caste

*[Handwritten Sub-Caste]*

6. முகவரி (தொலைபேசி எண்ணுடன்)  
Address (with Telephone No.)

*[Handwritten Address and Phone Number]*  
9790673348

7. இரத்தத்தின் பிரிவு  
Blood Group

*[Handwritten Blood Group]*

8. கல்வி / தொழிற்கல்வி / தொழிற்புறத் தகுதி  
Educational / Vocational / Professional Qualification:

9. குடும்ப வருமானம் (ஆண்டு)  
Family Income (P.A.)

*[Handwritten Family Income]*

10. தொழில்  
Occupation

*[Handwritten Occupation]*

11. வேலைவாய்ப்பு அலுவலகத்தில் பதிவு செய்யப்பட்டுள்ளதா?  
Whether Registered in Employment? ஆம் Yes இல்லை No

12. மாவட்ட வேலைவாய்ப்பு அலுவலகம்  
District Employment Office

வழங்குதல் தொழில் மறுவழிவகுப்பு மையம்  
Vocational Rehabilitation Centre (VRC)

பதிவு எண்.  
Reg. No.

*[Handwritten Reg. No.]*

நாள்  
Date

*[Handwritten Date]*

13. அங்க அடையாளங்கள் (i)  
Identification Marks (ii)

14. ஊனத்தின் தன்மை  
Nature of Disability

*[Handwritten Disability Type]*  
Blind 100%

15. ஊனத்தின் அளவு / சதவிகிதம்  
Degree / Percentage of Disability

16. மருத்துவர் சான்று வழங்கியது / வழங்கியதை  
Medical Certificate Issued by

(அ) மருத்துவக் குழு  
(a) Medical Board

(ஆ) வழங்கிய நாள்  
(B) Date of Issue

*[Handwritten Medical Board Name and Date]*  
21.05.2012

அட்டை வைத்திருப்பவரின் கையொப்பம் /  
இடதுகைப் பெருவிரல் பிழை  
Signature / Thumb Impression of  
Card Holder

*[Signature of District Differently Abled Welfare Officer]*

DEPARTMENT OF HISTORY,  
TOURISM AND TRAVEL MANAGEMENT,  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008

*[Handwritten Signature]*  
A. Kausalya Kur...

I History  
 BA History (2021-22)  
 Sharmila Devi.V.

Regno: 2113311020056

Form-V  
 Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

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



Recent  
 attested  
 (Signed  
 the City  
 disability  
 Govt. Per.  
 Date  
 K.K.Nag.



Certificate No SRTC/VII/11

This is to certify that I have carefully examined Shr/Smt./Kum.  
V. SHARMILADEVI son/wife/daughter of Shri S. Vivekanandhan Date of Birth  
 (DD/MM/YY) 19/03/2003 Age 15 years, male/female FEMALE registration  
 No 11905 permanent resident of House No. 74/36 TNHB Ward/Village/Street  
Ayappakkam Post Office Ayappakkam District Thuvallur State  
Tamil Nadu whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is Blindness (BB)

(A) he/she has 100 % (in figure) 100 percent percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her head (part of body) as per guidelines (number and date of issue of the guidelines to be specified).

2 The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Aadhaar card</u>	<u>4610 4792 2545</u>	<u>Covt. of India</u>

Dr. S. ARUNA  
 Reg No: 42019  
 (Signature and Seal of Authorized Signatory of Govt. Medical Authority)  
 K.K.Nagar, Chennai-73

Signature/thumb  
 Impression of the  
 Person in whose favour certificate  
 of disability is issued

S. Mageswari

T. Kausalya Kumari

DEPARTMENT OF HISTORY,  
 TOURISM AND TRAVEL MANAGEMENT,  
 ETHIRAJ COLLEGE FOR WOMEN  
 (AUTONOMOUS)  
 CHENNAI-600 008

PRINCIPAL  
 ETHIRAJ COLLEGE FOR WOMEN  
 (AUTONOMOUS)  
 CHENNAI-600 008

*History*

*BA History (2021-22)*

INDIRA GANDHI GOVERNMENT GENERAL HOSPITAL AND POSTGRADUATE INSTITUTE, PUDUCHERRY  
AND  
DISTRICT DIFFERENTLY ABLED REHABILITATION CENTRE, PCDW & DAP, PUDUCHERRY

*Teerathana. A.*

*Reg no: 21B311020062*

**FORM - V**

**Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism :

[See rule 18 (1)]



(S)

Dr. R. *[Signature]*  
HEAD OF THE DEPT. OPHTHAL

IGGGH & PGI, Puducherry.  
Date: 19.11.18

Certificate No. *2119*

This is to certify that I have carefully examined Shri/Smt./Selvi. *A. TEERTHANA* son/wife/daughter of Shri *ARUMUGAM* Date of Birth (DD/MM/YY) *26.1.2003* Age *15* years, *male/female Female* Registration No. .... permanent resident of House No. *31* Ward/Village/Street *Pondy Main Road Kalmandapam* Post office ..... District: ..... State *Puducherry* whose photograph is affixed above, and am satisfied that :

(a) He/she is a case of :

- Locomotor disability
- Dwarfism

Blindness

(Please tick as applicable)

(b) The diagnosis in his/her case is

*Bilateral optic atrophy*

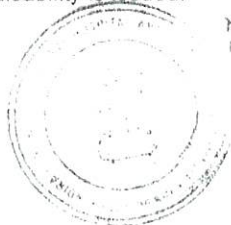
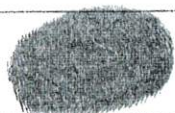
(c) He/she *Hundred* % (in figure) *100%* percent (in words) permanent

locomotor disability / Dwarfism /  Blindness in relation to his /her *vision* (part of body) as per guidelines (*76(E)* 04.01.18 number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence :

Nature of document	Date of issue	Details of Authority issuing certificate
<i>Aadhar card</i>	<i>5098 5785 2964 6.11.2011</i>	<i>Govt. of India</i>

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



MEDICAL SUPERINTENDENT  
Indira Gandhi Govt. General Hospital  
And Post Graduate Institute  
Puducherry.

*Ramudhali*  
Signature and Seal of Authorised Signatory of notified Medical Authority.

Dr. R. AMUDHAVALLI, M.B.B.S., D.O.  
SPECIALIST Gr-I  
HEAD OF THE DEPT. OPHTHAL  
Reg. No. 43151  
IGGGH & PGI, Puducherry.

*S. Muralidharan*

PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

*T. Kausalya Kur*  
*218*

DEPARTMENT OF HISTORY,  
TOURISM AND TRAVEL MANAGEMENT,  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008

S. Iswarya

Form V  
Certificate of Disability REG NO: 2113312009007

In case of amputation or complete permanent paralysis of limbs or dwarfism and  
in case of blindness.

(Section 12(1))

Name and Address of the Medical Officer issuing the Certificate

Signature of Medical Officer

Date \_\_\_\_\_

Certificate No. \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./M/s \_\_\_\_\_  
\_\_\_\_\_ daughter of Shri \_\_\_\_\_

Age 12 years, Female  
Occupation Student  
Office \_\_\_\_\_ No. 407 Ward \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and am satisfied that

Applicant is suffering

from/with disability

of nature

\_\_\_\_\_

(Please tick as applicable)

Disability is in either case - 35 - Impairment of the Limb

\_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words) permanent  
disability/dwarfism/blindness in relation to either \_\_\_\_\_ (part of body) as per guidelines  
number and date of issue of the guidelines to be specified.

The applicant has submitted the following documents as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Water Bill</u>	<u>4/1/2021</u>	

Signature and  
impression of the  
Medical Officer whose favour certificate  
of disability is issued.

Dr. N. HALAN  
(Signature and Seal of the Medical Officer)  
notified Medical Officer  
SURGEON  
GOVT MEDICAL COLLEGE HOSPITAL  
MADRAS

DEPARTMENT OF HISTORY,  
TOURISM AND TRAVEL MANAGEMENT  
(ETHIRAJ) COLLEGE FOR WOMEN  
CHENNAI

S. Narayanaswami  
PRINCIPAL  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 002

T. Kausalya Kurri

JMA

MA HISTORY (2021-2022)

S. ROSHINI

Form-II  
DISABILITY CERTIFICATE

REG NO: 2113312009018

(In cases of amputation or complete permanent paralysis of limbs and in cases of visual impairment)

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

THE CERTIFICATE)

Certificate No. SRTC/LD/1

Date: 6/5/14

This is to certify that I have carefully examined

Shri/Smt./Kum. S. ROSHINI

son/wife daughter of Shri R. SUNDARARAGHAVAN

Date of Birth 09 09 2001 Age years, Male / female 12 yrs FEMALE  
(DD / MM / YY)

Registration No. CHN/LD/45103 Permanent resident of House

No. 34 Ward / Village / ABIRAMAPURAM 3RD Street ALWARPET Post

Office CHENNAI District \_\_\_\_\_ State TAMILNADU

Whose photograph is affixed above, and am satisfied that:

(A) he / she is a case of:

- \* locomotor disability
- \* Visual impairment

(Please tick as applicable)

(B) the diagnosis in his / her case is CP

(A) He/She has 50% (in figure) 50% Percent (in words) permanent physical impairment / blindness in relation to his / her both part of body) as per guidelines (to be specified)

2) The Applicant has submitted the following document as proof of residence:-

Nature of Document	Date of issue	Details of authority issuing Certificate

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

S. Mageswari  
PRINCIPAL

Signature & thumb impression of the person whose disability certificate is issued.

ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008.

T. Kausalya Devi

Dr. P. KOSALA RAMAN (M.S. (ORTHO), D. (ORTHO))  
CONSULTANT ORTHOPAEDIC SURGEON  
ASSISTANT PROFESSOR OF ORTHOPAEDICS  
REG. No: 58965

DEPARTMENT OF HISTORICAL TOURISM AND TRAVEL MANAGEMENT,  
ETHIRAJ COLLEGE FOR WOMEN  
(AUTONOMOUS)  
CHENNAI-600 008

