


PROFORMA – I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Navin Kumar Giri [Name] CMO/CMS, (Nodal officer)  
have perused the documents presented before me by Sri ANJANI KUMAR [Name]  
of the Officer]. . . . ., ID No. UP2756 Designation A.D.J./Addl. Spl. Judge, PCCSO Act,  
and place of posting PRAYAGRAJ . . . . . OR on his behalf by Court-2, Prayagraj  
Sri . . . . . Relation with the officer . . . . .  
Phone No. . . . .

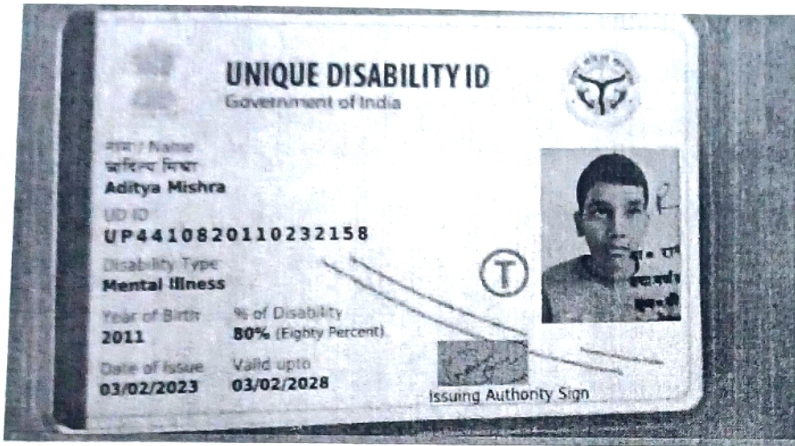
- I. I have personally examined Sri/Smt./Sushri. ADITYA MISHRA  
who is suffering from the disease/syndrome/disability . . AUTISM  
[Name of the disease] . . . . . and in my opinion he/she may require  
frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. ADITYA MISHRA . . . . . is  
suffering from the disease/syndrome/disability/disorder . AUTISM  
[Name of the disease] . . . . . and the disease(s) find(s) mention at  
paragraph no. XIV of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the  
treatment/management of the above-mentioned disease/syndrome/  
disability/disorder in paragraph two above is possible at the districts  
mentioned by the officer in his/her application submitted to Hon'ble  
High Court.
- IV. The treatment/management of the above-mentioned disease/  
syndrome/disability/disorder in paragraph two above is also available  
at the districts namely . . . Varanasi . . . . .
- V. I am aware that this document may be presented by the competent  
authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for . . . . . 48 . . . . . months only.

  
Signature with seal  
(C.M.O./C.M.S.)

Name: . . . . . डा० नवीन कुमार गिरि  
ID No.: . . . . .  
Designation: नोडल अधिकारी मेडिकल बोर्ड  
Telephone No. कृते. मुख्य चिकित्सा अधिकारी  
Mobile No. . . . . . प्रयागराज

(9450616616)

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.



*Aditya*

*C.S.*  
*nam*  
*20/02/24*  
डॉ० बदीन कुमार सिंह  
नेहरू अंगिकारी मेडिकल केंद्र  
के मुख्य चिकित्सक  
प्रयाग



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

## Disability Certificate

Issuing Medical Authority, Allahabad, Uttar Pradesh



Certificate No.: UP4410820110232158

Date: 03/02/2023

This is to certify that I/we have carefully examined Shri **Aditya Mishra**, Son of Shri **Anjani Kumar**, Date of Birth **28/02/2011**, Age **11**, Male, Registration No. **0944/00000/2302/0215420**, resident of House No. **J-05 JuhI Colony, Myor Road - 211001**, Sub District **Allahabad**, District **Allahabad**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Mental illness**  
 (B) The diagnosis in his case is **Autism**  
 (C) He has **80%**(in figure) **Eighty** percent(in words) Temporary Disability in relation to his **Brain** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).  
 This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **03/02/2028**

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Rakesh

Signatory of notified Medical Authority Member(s)



Cis.  
 20/02/24  
 डा० नवीन कुमार मिश्र  
 नोडल अधिकारी मेडिकल सेल  
 कृते मुख्य विधिपाल अधिकारी  
 प्रकाशराज



Issuing Medical Authority, Allahabad, Uttar Pradesh

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

Ankur

## TO WHOM IT MAY CONCERN

This is to certify that Master **Aditya Mishra**, S/O Sh. Anjani Kumar has been diagnosed with Autism Spectrum Disorder at **AIIMS Hospital in 2013**. The child has speech delay, poor eye contact and hyperactivity and touches everything. The child has been suggested a series of intensive **Speech and Language Therapy, Occupational Therapy and Special Education** for frequency of sessions 5 days in a week. The objective of these sessions is to introduce speech formation mechanism, with emergence of basic vocalization of words used in everyday activities, to develop cognitive skills and to reduce hyperactivity. The child has been taking sessions at **Lakshaya wonder kids foundation from 2021**, sometimes he taking online sessions.

As per latest assessment, it is advised that Aditya Mishra should continue the above mentioned therapies for better result.



Director  
**PRABHAKAR KUMAR**  
LAKSHAYA WONDER KIDS FOUNDATION  
Speech & Language Pathologist  
RCI Reg. No. - B66322

7303931176, 9023823783 ☎  
111/9, Mahadeep Apartment, ☎  
Basement, Opposite CNG Pump,  
JNU - Fortis Road, Kishangarh,  
Vasant Kunj, New Delhi- 110070  
lakshayawonderkids@gmail.com ✉

Anjv  
12/02/24



**CERTIFICATE OF DISABILITY OF PERSONS WITH AUTISM**

Government of India

All India Institute of Medical Sciences, New Delhi 29

Certificate No. 2017/12/AU-118



This is to certify that Master **Aditya Mishra** son of **Anjani Kumar** resident of Flat No. A1, H. N -1031, Sampada Apartment, Near Mehta Chowk, Mehrauli, New Delhi, PIN- 110030, with particulars given below:-

- a) Date of birth : 28/02/2011
- b) Sex : Male
- c) Signature and thumb impression



Has been examined by the State authorized Autism Certification Medical Board and he is found to be categorized as persons with **Mild Autism**. His percentage of disability is **60%**.

Signature and seal of  
Chairperson of authorized  
Autism Certification Medical Board

Signature and seal of  
authorized representative of  
Medical superintendent

Medical Superintendent  
A.I.I.M.S. Hospital  
New Delhi-110029

Date:- 23/12/2017

Place:- New Delhi

**This certificate is valid for 5 years and reassessment is recommended after 5 years.**

ANJANI KUMAR  
28/02/21

D/A



ओ० शा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान करना निषिद्ध है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

रोगी/Unit  
विभाग/Dept.  
नाम/Name

General  
Dep't: 457  
Date: 12/10/2024  
Folio No: 101  
Unit: 1011-2X  
Room: 11  
W/L: 11  
Date: 12/10/2024  
Appt. 101  
2027102510107

O.P.D. Regn. No.  
Address

रोग/Diagnosis

Aut/M/6.9/11/7/10/20

दिनांक/Date

उपचार/Treatment

Autism spectrum disorder

forceps assisted delivery, H/O NNT  
not required PT, No other  
perinatal adverse events

- Predominantly social and language milestone delayed
- Preoccupation with inanimate objects
- sensory issues (+)
- motor stereotypies (+), idiosyncratic phrases (+)
- H/O Hyperactivity and inattention present - previously evaluated in 2014 -> Therapist to follow up, outside receiving Amiprazole and Attentionol with positive response

MRI Brain - (N)  
Fragile X  
Screening - negative  
Sleep EtG - (N)

O/E! - vital stable No Ncm/dy smorghi Sm

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)  
No focal defect

Anir  
12/10/24