

PROFORMA-1

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

I, Dr. RAJESH KUMAR SINGH, CMO/CMS,.....have perused the documents presented before me by Sri. SWAPNA ANAND, ID.No. UP.1929 Designation. C.J.M. and place of posting GHAZI.PUR OR on his behalf by Sri..... Relation with the officer..... Phone No.....

I. I have personally examined Sri/Smt./Sushri. SUMAN SHUKLA who is suffering from the disease/syndrome/disability. PARKINSON and in my opinion he/she may require frequent hospitalization for treatment/management.

II. I also verify that Sri/Smt./Sushri. SUMAN SHUKLA is suffering from the disease/syndrome/ disability/disorder. PARKINSON and the disease (s) find (s) mention at paragrah no. V 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. HIGHER CENTRE

V. I am aware that this document bay be presented by the competent authority/applicant for further use by a competent Medical Board.

VI. This document shall be valid only for12..... months only.

Signature with Seal
(C.M.O./C.M.S.)
Name. Dr. RAJESH KUMAR SINGH
ID NO.....
Designation..C.M.S.
Telephone No.....
Mobile No. 9450 755364





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

Disability Certificate

Chief Medical Officer
Ballia, Uttar Pradesh



Certificate No.: UP6210619610226748

Date: 16/02/2024

This is to certify that I/we have carefully examined Kum. **Suman Shukla**, Daughter of Shri Lt **Dharnidav Chaubey**, Date of Birth **01/01/1961**, Age **63**, F, Registration No. **0962/00000/2402/0723954**, resident of House No. **Village Judge Niwas Kalindinagar Bahadurpur - 277001**, Sub District **Ballia**, District **Ballia**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

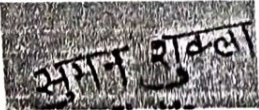
(A) She is a case of **Locomotor Disability**

(B) The diagnosis in her case is **Weakness over bilateral lower limb with parkinsonism, OA Lt knee**

(C) She has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to her Both lower limb 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).

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

Ashwini Mehta

Signatory of notified Medical Authority Member(s)



दायाल सिंह साहू
मुख्य चिकित्साधिकारी
गाजीपुर

Ashwini Mehta

Chief Medical Officer
Ballia, 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.