

## LOK NAYAK HOSPITAL

Jawaharlal Nehru Marg, New Delhi 110002

## Form-IV Disability Certificate (In cases other than those mentioned in Forms II and III) (See rule 4)



Certificate No. 238/247

Date: ..22/12:/2017

Shall a control that I have care	fully examined
Shri/Smt./Kum. ESHAN	
son/wife/daughter of Shri ATAY KUMAR	
Date of Birth 19 /12 /09 Age 8 years, male / female Male	7
(DD / MM / YY)	
Registration No. <u>OEL237048</u> permanent resident of House No	A- 325/A
Ward / Village / Street GANGA NAGAR Post Office GAN	YGA NACAR
DISTRICT NA EERUT State U.P.	so photograph :-
affixed above, and am satisfied that he/she is a case of ASD & Bordoluò	Intelligible Billity.
His/her extent of percentage 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			
2	Low vision			
3	Blindness			
4	Hearing impairment			
5	Mental retardation	Brain	ASD & Borduline Intelligence	50%+ 25%
6	Mental-illness			

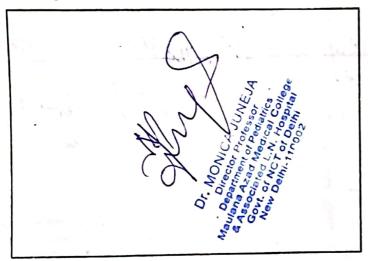
(Please strike out the disabilities which are not applicable.)

To tal Disability - 61.11%

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

Nature of Document	Date of Issue	Details of authority issuing Document
UID Card	No. 213976545751	Gout of India

5. Signature and seal of the Medical Authority.



Sig./Thumb Imp. of Candidate

MGIPRRND-1047/LNH/2017-10 Pads

Deputy Countersigned
Chekman Discribe Medical Board
Lok Navak - Assistal
Counter of No. 13197



## LOK NAYAK HOSPITAL

NEW DELHI - 110002

लोक नायक अस्पताल

नई दिल्ली - 110002

Casuality No. . 23235152 M.S. Office Fax No. : 23232870 E-mail: Inhmsoffice@gmail.com meinh@nie in

EPBX No.: 23233400, 23232400

GOVERNMENT NATIONAL CAPITAL TERRITORY OF DELHI

## OUT PATIENT REGISTRATION CARD

Queue Token No.: 10

CHILD DEVELOPMENT Dept

CLINIC

DR MONIKA JUNEJA (MON to SAT)

Room No

10 Y

OPD Reg. NURSING

113582940

Name

HOME

No. 20 NOV 2019

Marital

Monthly

**ESHAN** 

Sex

Age

Date

11:19 AM

Status

S/D/W

5/O: MR. AJAY KUMAR

Area / Location

Nationality

FATEH PUR, UTTAR PRADESH

Referred to Dept

CHILD DEVELOPMENT CLINIC

APL

Contact No.

Religion

DOB

20 NOV, 2009

Birth Wt(K.g.)

Occupation Wt(Kg.)

HC(Cms.)

Income Ht(Cms.)

Hepatitis B

Typhoid

BPL

Immunization

BCG

1 2 3 B1 B2

1 2 3 B1 B2

INDIAN

123

Measies

MMR

Other

PROVISIONAL DIAGNOSIS:

INVESTIGATIONS Haematology

DATE

**CLINICAL FINDINGS & REPORTS** 

Allergic to:

TREATMENT

Platelet Count BT / CT / PT

Hb / TLC / DLC

URINE EXAM

Sugar Alb

ESR

Microscopy C / S

**BIO-CHEMISTRY** 

CGI BI Suger F /PP/ R Glycosylated Hb.

BI Uria

S. Creatinine

S. Uric Acid

S. Electrolytes

S. Calcium S. Phosphorus

Lipid Profile

LFT

S. Bilirubin /T /D /I SGOT (ALT)

SGPT (AST)

S. ALK. Phosp S. Protein Total

Alb Globulin

AG Ratio

Prothrombiln Time /INR

RADIOLOGY X-Ray Chest

USG CT Scan / MRI

MICROBIOLOGY

HbsAg HIV ASO

CRP

S. Widal Blood C/S

STS

OTHERS ECG

CHO

**ABG** 

Blood Group

whomsoever it may

This is to ceapity that Master Eshan o Mr. Ajay Kumar and Mr. Parul

New Delhi-

Sign. /Name/Designation of Doctor Date & Time: 20 NOV, 2019 11:19

Scanned by CamScanner