|                                     |                | LOK NA  | YAKH                         | IOSPI  | TAL_              |                                   |                   |              |
|-------------------------------------|----------------|---|------------------------------|--|-------------------|-----------------------------------|-------------------|--------------|
| A                                   |                |   | V DELHI - 1                  |  | [P                | EX No. 2323340<br>mality No. 2323 |                   |              |
| \$ <i>1</i> /                       | A1             |   |                              |  | AL.               | Office I as lio                   | 23232870          |              |
| •                                   | 1              |   | क नायक अर                    |  |                   | nti intersofficed                 | grisi com         |              |
| 1 NIB                               | 60             | VERNMENT NAT  | 11 1 20 - 110<br>ONAL CAPITA |  | OF DELHI          |                                   |                   |              |
| •                                   |                | and the second se | TIENT REGIST                 | and the second |                   | Qu                                | ieue Token No. :  | 10           |
|                                     |                | 1000 - 18 18 18 18 18 18 18 18 18 18 18 18 18   |                              |  | NURSING           | OPD Reg.                          |                   | • • •        |
| Dept                                | CLINIC         | NT DR MONII<br>(MONI  | (A )UNEJA<br>o SAT)          | Room No  | HOME              | No.                               | 113582            | 940          |
| Name                                | ESHAN          | Sex   | M Age                        | 10 Y   | Date              | 20 NOV 2019<br>11:19 AM           | Maritai<br>Status |              |
| S/D/W S/O : N                       | HR. AJAY KUMAR | Area / FATE   | H PUR , UTTAR                | DDADESH  | eferred<br>o Dept | CHILD<br>DEVELOPMENT<br>CLINIC    | Contact<br>No.    |              |
| Religion                            |                | Nationality   | INDIAN                       | Occupation   |                   |                                   | APL Income        |              |
| DOB                                 | 20 NOV, 2009   | Birth Wt(K.g.)  | ,                            | Wt(Kg.)  | н                 | (Cms.)                            | Ht(Cms.)          |              |
| Immunization                        | acg 1          | DPT<br>2 3 81 82  | OPV<br>1 2 3 51 52           | Hepatitis<br>123   | B Mes             | isles MMR                         | Typhoid           | Other        |
| PROVISIONAL                         |                |   |                              |  |                   | Allergic to :                     | EATMENT           |              |
| INVESTIGATION<br>Haematology        | IS DATE        | CLINIC  | AL FINDINGS                  | & REPURIS  |                   |                                   |                   |              |
| Hb / TLC / DLC<br>ESR               |                |   |                              |  |                   |                                   |                   |              |
| Platelet Count<br>BT / CT / PT      |                | 10,   |                              |  |                   |                                   |                   |              |
| PS<br>URINE EXAM                    |                | 1 Same  | andik                        | OR I   | tm                | NU CO                             | ncesn.            |              |
| Sugar<br>Alb                        |                | whom,   | BUEN                         | 12 0   |                   |                                   | )                 |              |
| Microscopy                          |                | -   |                              | , (  |                   |                                   |                   | Talan        |
| C / S<br>BIO-CHEMISTRY              |                | This is<br>8/0_Mg   | to                           | estit  | y tha             | t_NA                              | ster i            | ESMUT,       |
| CGI<br>BI Suger F /PP/ R            |                | 1100 00   | Λ.                           | ,00  | ,<br>,            |                                   | No Fr             | neul.        |
| Givcosviated Hb.<br>BI Uria         |                | S/n Mg  | . Ajay                       | КЦП  | nz                | ana .                             | 146.10            | isuc         |
| S. Creatinine<br>S. Uric Acid       |                | 10  |                              |  |                   | lima                              | Aubic             | $\mathbf{r}$ |
| S. Electrolytes<br>S. Calcium       |                | Verma   | LS &                         | uper.  | ng t              | KUTT J                            | enus s            |              |
| S. Phosphorus                       |                |   |                              | W.   | J.V               | with                              | ADH               | Dana         |
| Lipid Profile                       |                | Spectr  | um é                         | rsosc  | les               | wint                              |                   |              |
| S. Billrubin /T /D /I<br>SGOT (ALT) |                | tie um  | tes si                       | aula   | 1 la              | Non                               | ul at             | t CNC        |
| SGPT (AST)<br>S. ALK, Phosp         |                | is unc  | us n                         | yuu  | n fo              |                                   | up u              |              |
| S. Protein Totai                    | (              | since a   | 2012                         | He.  | Noor              | de cor                            | Annoll            | 1            |
| Alb<br>Globulm                      | -              |   |                              | 1. 1   | 1000              |                                   |                   |              |
| AG Ratio<br>Prothrombiln Time /IN   | · 1            | asent   | med                          | Sate   | $d \alpha$        | ntes u                            | ention            | o unde       |
| RADIOLOGY                           | ۳ /            |   |                              |  | 2                 |                                   |                   |              |
| X-Ray Chest<br>USG                  | 7/             | NI SU   | pesing                       | sion l   | 9/ C.             | DC-Te                             | eam,              | SECIAL       |
| CT Scan / HRI<br>MICROBIOLOGY       |                | las mai   | +11 1                        | -  |                   | $\cap$                            |                   | [ ] []       |
| HDSAg                               | 7              | fog ner   | 14-5                         | year   | s. ۱              |                                   |                   | 0            |
| HIV<br>ASO                          | U              |   | 0                            | /  | M                 | 1 h                               | a la              |              |
| CRP<br>S. Widal                     |                |   |                              |  | 1                 | Were                              | Adrics            |              |
| Blood C/S                           |                |   |                              |  | 6S                | 20/11                             | LyCollege         |              |
| DTHERS                              |                |   |                              |  | Ma<br>S L         | ok Nay & Hor                      | 2                 |              |
| Scan                                | ned with       |   |                              |  | Ne                | WUCHIN                            |                   |              |
|                                     | Scanner        |   |                              |  |                   | Sign. /Name/                      | Designation of D  | loctor       |
|                                     |                |   |                              |  |                   | Date & Time:                      | 20 NOV, 2019 1    | 1:19         |

E

| LOK NAYAK HOSPITAL<br>Jawaharial Nehru Marg, New Delhi 110002  |
|--|
| Form-IV<br>Disability Certificate<br>(In cases other than those mentioned in Forms II and III)<br>(See rule 4) |
| Certificate No. 238/2017 Date:   |
| This is to certify that I have carefully examined  |
| Shri/Smt./KumESHAN   |
| son/wife/daughter of Shri AJAY KUMAR   |
| Date of Birth 19 /12 /09 Age 8 years, male / female Male   |
| (DD / MM / YY)   |
| Registration No. DEL237048 permanent resident of House No. A- 325/B  |
| Ward / Village / Street GANGA NAGAR Post Office GANGA NAGAR  |
| District MEERUT State U.P, whose photograph is   |
| affixed above, and am satisfied that he/she is a case of ASD E Box datue antelligisability.                    |
| 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:-                                |
| Permanent Physical   |

| S.<br>No. | Disability           | Affected Part<br>of Body | Diagnosis                       | Permanent Physical<br>Impairment/mental<br>disability (in %) |
|-----------|----------------------|--------------------------|---------------------------------|--|
| 1         | Locomotor disability |                          |                                 |  |
| 2         | Low vision           |                          |                                 |  |
| 3         | Biindness            |                          |                                 |  |
| 4         | Hearing Impairment   |                          |                                 |  |
| 5         | Mental retardation   | Brain                    | ASD E<br>Boudeline Titelligen 1 | 50/+ 25%   |
| 6         | Mental-illness       |                          | 0-                              | /  |

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

Scanned with CamScanner

CS

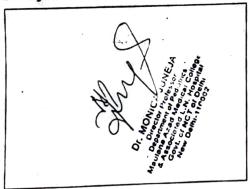
1

Total Disability - 61.11

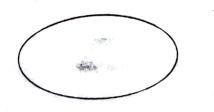
- 2. The above condition is progressive / non-progressive / likely to improve / nót likely to improve.
- 3. Reassessment of disability is :
  - (i) not necessary,
    - 10
  - (ii) is recommended / after \_\_\_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till \_\_\_\_\_\_\_ [DD) (MM) (YY)
  - 4. The applicant has submitted the following document as proof of residence:-

| Nature of Document | Date of Issue  | Details of authority issuing Document |
|--------------------|----------------|---------------------------------------|
| UIO Card           | No.            |                                       |
|                    | 2139 7654 5757 | Gout of India                         |

5. Signature and seal of the Medical Authority.



Countersigned Bef.





2/5/20, 10:20 AM