

प्रार्थना-पत्र

दिनांक : 4/4/25

सेवा में

श्रीमान निदेशक,
उत्कर्ष क्लासेस,
जोधपुर।

नाम : Vasudev पिता का नाम : Kalunam
मोबाइल नं. : 9001485033 बैच/कोर्स : IIIrd Grade L-Tst
ID कार्ड नं. : _____ प्रवेश दिनांक : _____

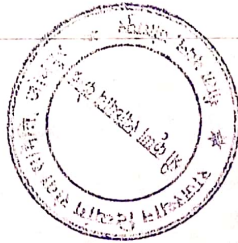
(यदि उत्कर्ष के विद्यार्थी न हो तो ID कार्ड नं. व प्रवेश दिनांक रिक्त छोड़ दें।)

विषय :

महोदय,

सन्दर्भ प्रमाण-पत्र संलग्न करें।

- 1.
- 2.
- 3.



विद्यार्थी के हस्ताक्षर

निदेशक टिप्पणी

भारत सरकार
Government of India

वासु देव
Vasu Dev
जन्म तिथि / DOB: 02/10/2000
पुरुष / Male

5123 2232 6305

मेरा आधार, मेरी पहचान

4/4/25

9001485033
IIIrd Grade L-Ist

आधार
भारतीय पहचान प्रणाली
Unique Identification Authority of India

पता:
S/o कालू राम... अनंत ते। रामसर, शेओ,
बाडमेर, राजस्थान, 344701
Address:
S/o. Kaloo Ram, ... Aanta Teh. Ramsar,
Sheo. Barmer, Rajasthan, 344701

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GOVERNMENT OF RAJASTHAN

DEPARTMENT OF MEDICAL AND HEALTH



Disability Certificate (Form-IV)

Certificate No SAP/2018/929006/AMD/20230209

Date: 09-02-2023

I am to certify that I have carefully examined Shri/Smt./Kum. VASU DEV son/daughter of Shri KALU RAM Date of Birth(DD / MM / YYYY) 02/10/2000 Age 22 years, Male Registration No SAP/2018/929006 Permanent resident of House No. VASUDEV S/O KALU RAM Street ANTA Area SIYANI Landmark ANTA Village ANTA Grampanchayat HATHMA Panchayatsamiti RAMSAR Tehsil RAMSAR District BARMER State RAJASTHAN whose Photograph is affixed and am satisfied that:



(A) he is a case of Multiple Disability His extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, 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	BLINDNESS	BOTH EYE	B E OPTIC ATREOPHY	100

(B) In the light of the above, his over all permanent physical impairment as per guidelines (to be specified), is as follows :-

1. In figures :- 100 Percent
In words :- One hundred Percent
2. This above condition is NON-PROGRESSIVE not likely to improved .
3. Reassessment of disability is:
(i) not necessary , and therefore this certificate shall be valid PERMANENT



Signature valid

Digitally signed by Chandra Sh
Gajraj
Designation : CMHO BARMER
Date: 2023.02.09 10:53:16 IST
Reason: Approved
Location: BARMER

and does not required any physical signature.



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