



GOVERNMENT OF RAJASTHAN

DEPARTMENT OF MEDICAL AND HEALTH



Disability Certificate (Form-IV)

Certificate No.SAP/2023/1483537

Date:11-08-2023

This is to certify that I have carefully examined Shri/Smt./Kum. **MOHMMAD IMRAN** son/ wife/ daughter of Shri ABDUL LATEEF Date of Birth(DD / MM / YYYY) 21/07/1993 Age 30 years, MALE Registration No SAP/2023/1483537 Permanent resident of Street LAKHOTIYO KA CHOWK Area JAITARAN Ward WARD NO- 11 City JAITARAN Tehsil JAITARAN District PALI 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.	LOW VISION	BOTH EYE	BOTH EYES HIGH MYOPIA	40

(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 :- 40 Percent
In words :- Forty 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 Dr. Indar Singh Rathore
Designation : CMHO
Date: 2023.08.11 18:33:25 IST
Reason: Approved
Location: PALI

Note: This is a digitally signed certificate and does not required any physical signature.

EMJPPL 64587660