

**Pro forma - F**

(To be issued on the Printed Letter Head of the conce

(For P1/ P2/ P3 Candidates)  
(For Physically Handicapped Candidates)



**CERTIFICATE**

This is to certify that I have examined Mr. *Pravin D. Patil* He / She has *Paraspar* ..... He / She has ..... (Name of the Physical Disability)  
which comes under the sub category Blindness (P1)/Speech *वेधकिय श्रवण* hearing impaired (P2)/Orthopedic disorder *जिल्हा रुग्णालय, अहमदाबाद* (P3) Certified that:

The percentage of handicap is not less than 40% and is equal to *48%* %.

The disability is permanent in nature.

The candidate is capable of carrying out all activities related to theory and practical works as applicable to Post SSC Diploma courses in Engineering/Technology without any special concessions and exemptions.

This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/her admission to First Year of Diploma courses in Engineering/Technology in Maharashtra for the academic year 2012-13.

Outward No. & Date:

Place :

*A3 pu celih No. 13541 31/11/11*



Director, All India Institute of Physically Handicapped, Mumbai

Dean/Civil Surgeon *वेधकिय सरकारी वर्ग - २*

(Name of the issuing Government Hospital) *जिल्हा रुग्णालय, अहमदाबाद - रायगड*

DTE, Mumbai

Diploma in Engineering & Technology



**PROFORMA - F**

(For P-1, P-2, and P-3 Candidates)  
(For Persons with Disability Candidates)

Name and address of the Institute / Hospital  
Certificate No.

Date 15/7/16



**DISABILITY CERTIFICATE**

This is certified that Shri/Smt./Km. Suraj Pansare son/wife/daughter of Deepak Pansare age 18 sex M identification mark (s) is suffering from permanent disability of following category :-

**DR. MRUNALINI M. KADAM**  
Orthopedic Surgeon  
REG. NO. 2006/09/3476  
CIVIL HOSPITAL ALIBAG RAIGAD

**A. Locomotors or cerebral palsy:**

- (i) BL-both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) impaired reach (b) Weakness of grip (c) Ataxic
- (v) OA-One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

**B. Blindness or low vision**

- (i) B-Blind
- (ii) PB-Partially Blind

**C. Hearing Impairment**

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category, whichever is not applicable)



2. This condition is progressive/non-progressive/likely to improve/not likely to improve/assessment of this case of not recommended/is recommended after a period of about 6 years 0 months

3. Percentage of disability in his/her case is about 60% percent.

4. Sh./Smt./Kum. Suraj Pansare meets the following physical requirements for discharge of his/her duties.

- (i) F-can perform work by manipulating with fingers Yes/No
  - (ii) PP-can perform work by pulling and pushing Yes/No
  - (iii) L-can perform work by lifting Yes/No
  - (iv) KC-can perform work by lifting Yes/No
  - (v) B-can perform work by bending Yes/No
  - (vi) S-can perform work by sitting Yes/No
  - (vii) ST-can perform work by standing Yes/No
  - (viii) W-can perform work by walking Yes/No
  - (ix) SE-can perform work by seeing Yes/No
  - (x) H-can perform work by hearing/speaking Yes/No
  - (xi) RW-can perform work by reading and writing Yes/No
- Avoid long duration to heavy weight lift*
- N.A.  
N.A.

(Dr. Kadam) Member Medical Board  
(Dr. [Signature]) Member Medical Board  
(Dr. [Signature]) Member Medical Board

**DR. MRUNALINI M. KADAM**  
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**ADD. CIVIL SURGEON**  
CIVIL HOSPITAL RAIGAD  
Alibag.

**CIVIL SURGEON**  
RAIGAD ALIBAG

Countersigned by the Medical Superintendent/CMO/ Head of Hospital (with seal)

**CIVIL SURGEON**  
RAIGAD ALIBAG

\*Strike out which is not applicable