



MAHENDRA ARTS & SCIENCE COLLEGE

(Autonomous)

Affiliated to Periyar University, Salem

Accredited by NAAC with 'A' Grade & Recognized u/s 2(f) and 12(B) of the UGC Act 1956

Kalippatti – 637501, Namakkal District, Tamil Nadu

4. Provision for enquiry and information:

**Human assistance, reader, scribe, soft copies of
reading material, screen reading**

PRINCIPAL

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Kalippatti (PO) - 637 501, Namakkal (DT)



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SPECIAL NEED STUDENT

S.No	Name	Reg. No.	Dept	Reference
1	M.Saranya	18BTA1047	Tamil	Scribe

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Kalippatti - 637501, Namakkal District, Tamil Nadu

From

M. Saranya, (IBBTA1047)

I B A (Tamil)

Mahendra Arts & Science College (Autonomous)
Kalippatti

To

The Principal,

Mahendra Arts & Science College (Autonomous)
Kalippatti.

Respected sir,

I wish to bring your
kind consideration that I am unable
to write the semester Examination
due to my blindness of both eyes.
So I request you to arrange scribe
to write my Examination.


Thanking you.


Yours obediently,

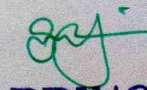
M. Saranya

Place - Kalippatti

Date : 22.10.2018


23.10.2018
HoD Tamil


22/10/18



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

NAME AND ADDRESS OF THE
MEDICAL AUTHORITY
ISSUING THE CERTIFICATE



GOVT. M.K. MEDICAL COLLEGE HOSPITAL
SALEM - 637 001

Certificate No. 19121

Date 10/05/2014

This is to certify that I have carefully examined
Shri/Smt./Kum. M. Saranya
son/wife/daughter of Shri Neelakrishnam Date of
Birth 10/05/1996 Age 18 years, male/female
(DD / MM / YY)

Registration No. 41185 permanent resident of House No. 41185
Ward/Village/Street Kudasanikottai Post-Office Sengottai District
Salem State TN whose photograph is affixed
above and am satisfied that he/she is a case of Blindness Disability. His/her
extent of permanent 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	Both eyes	<u>ISE PD</u> <u>CSO</u>	<u>40%</u>
4	Hearing Impaired	E		
5	Mental Retardation	X		
6	Mental Illness	X		

(Please strike out the disabilities which are not applicable)
DT-4104-100/99 Cps-24-9-2014 (NR 1-11)


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2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of disability is :
(i) not necessary.

Or

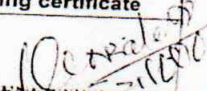
(ii) is recommended/ after DNE years _____ months, and therefore
this certificate shall be valid till _____
(DD) (MM) (YY)

@ e.g. Left/Right/both arms/legs

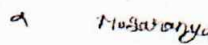
e.g. Single eye/both eyes

E e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate
EPIC No : Ration Card No :	4422 7037 0716 10/6/0450071	

Dr. P. VENKATESH, M.D., M.S., M.Ch.
Reg. No. 56405
Tutor in Ophthalmology
GOVT. M.K. MEDICAL COLLEGE HOSPITAL
SALEM - 636 004



Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued

(Authorized Signatory of notified Medical Authority (Name and seal)
(Counter signature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a government servant (with seal)


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