

**PARVATIBAI CHOWGULE COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS)
AQAR 2021-22: CRITERION VII**

7.1.7 Details of students with disability

SN	Name of the Disabled student	Year	Subject opted
1	Ms. Scarlet Da Costa	First Year	BA in Sociology
2	Mr. Surya Bhan Chauhan	Second Year	BA in Hindi

25/10/21

ANNEXURE – B

STANDARD FORMAT OF THE CERTIFICATE

NAME AND ADDRESS OF THE INSTITUTIN/HOSPITAL ISSUING THE CERTIFICATE

DEPARTMENT OF NEUROLOGY, GOA MEDICAL COLLEGE, BAMBOLIM – GOA

Ref: Neurology/GMC/2020-21/ 70

Date: 25/10/2021

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Miss Scarlet Da Costa, aged 18 years old, Female, Hospital No. 21/85566, resident of H.No.149 Modem-vaddo, Guirdolim, Chandor, Goa, is a case of Perinatal hypoxic encephalopathy. (Modified Ranking Scale Score of 4). Her total disability as per section 18 of 'Rights of persons with disabilities Rule 2017' is 40%. Her total calculated as per standard combining formula is 40% (Forty Percent) permanent (Physical impairment/visual impairment/speech and hearing impairment) in relation to her above sickness.

Note:

1. The condition is ~~progressive~~/non progressive/~~likely to improve~~/not likely to improve.
2. Re-assessment is ~~not recommended~~/is recommended after a period of 2 months/years
3. Strike out which is not applicable.

sd/-

(DOCTOR)

sd/-

(DOCTOR)

Dr. Teresa Ferreira
 Associate Professor
 Department of Neurology
 Goa Medical College,
 Bambolim-Goa
 Associate Professor
 Department of Neurology
 Goa Medical College
 Bambolim-Goa



Scarlett
 Associate Professor
 Department of Neurology
 Goa Medical College
 Bambolim-Goa

Signature/Thumb impression of the patient

Medical Superintendent/Chief Medical Officer
 of The Hospital (with seal)
 Medical Superintendent
 Goa Medical College
 Bambolim-Goa

STANDARD FORMAT OF THE CERTIFICATE

NAME AND ADDRESS OF THE INSTITUTION /HOSPITAL ISSUING THE CERTIFICATE GOA MEDICAL COLLEGE

Certificate No. GMC/14/OPHTHAL/

Dated: - 07.04.2014

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that SURYA BHAN CHAUHAN Daughter/Son /Wife of aged 14 years . Male/Female, Registration No. 034104 a case of

RETINITIS PIGMENTOSA BOTH EYES ~~disabled/speech and hearing disabled~~ /visual impairment and has 75% (SEVENTY FIVE PERCENT) permanent physical ~~impairment/visual impairment /speech and hearing impairment~~ in relation to His/Her **BOTH EYES**

Note:-1. This condition is progressive/non-progressive/likely to improve/not likely to improve*.

4. Re-assessment is not recommended/is recommended after a period of Months/year.*

* Strike out which is not applicable.

[Signature]
Sd/
Doctor

Seal
Professor & Head
Department of Ophthalmology
Bambolim - Goa

[Signature]
Sd/-
Doctor

Professor
Seal of Surgery
Goa Medical College

[Signature]
Sd/-
Doctor

Seal
Medical Board
Bambolim

Suryabhan Chauhan

Signature/Thumb Impression of the Patient



[Signature]
Professor & Head
Department of Ophthalmology
Bambolim - Goa

Countersigned by Medical Superintendent
Medical Officer Head of Department
With seal

[Signature]