

Sri A.S.N.M. Government College (Autonomous)

(NAAC Re-accredited by 'B' Grade with 2.61 CGPA)

Palakol, West Godavari District - 534260




| List OF PWD Students | | | | | | | |
|----------------------|-------------------|---|--------|----------------------------------|----------------------------|--------------------------|------------------|
| Sl. No | Year of Enrolment | Name of the Student Enrolled under Differently Abled Category | Gender | Unique Disability ID Card Number | Type of Disability | Percentage of Disability | Program Enrolled |
| 1 | 2019-20 | Y. Gayathri V.S. Lakshmi | Female | 05060850190000011 | Blindness(VC) | 100% | III B.A |
| 2 | 2019-20 | Eda Ratna shekar | Male | NA | Cerebral Palsy(PC) | 80% | III B.A |
| 3 | 2020-21 | G. Akash | Male | 0506043140119015 | Cerebro-Vascular Accidents | 90% | II B.A |
| 4 | 2020-21 | M. Rathnaraju | Male | 05061440050107116 | Permanent Physical | 86% | II B.Com |
| 5 | 2021-22 | P. Dhanunjayaram | Male | 05060430180126021 | Cerebral Palsy | 89% | I B.B.A |
| 6 | 2021-22 | B. Devi | Female | 05059440120126052 | Post Burn Injury Sequel | 89% | I B.Sc (HBC) |


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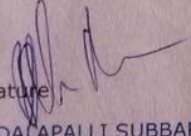

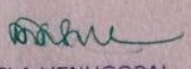

Government of Andhra Pradesh
CERTIFICATE FOR PERSON WITH DISABILITY
(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

| | | |
|----------------------------------|---|---|
| Medical Board: | Government District Head Quarter Hospital , Eluru |  |
| ID No.of Person with Disability: | 05060850190000011 | |
| Date of Issue: | 02/01/2013 | |

• This is certified that Kumari Yanduri G , V.s. Lakshmi, D/o Sivashankar , Female, age 12 years, resident of H.No.# 35-2-9, 19th Ward Habitation, 19th Ward Village, Palakole (urban) Mandal, West Godavari District, is suffering from Permanent disability of the following category:-
Visual Impairment.
Sub-type of disability :Blind ness

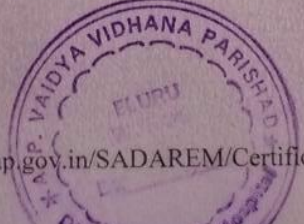
Cause of Disability : Disease-BetterEye,Disease-WorseEye.
OPTIC ATROPHY.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 100% [Hundred percent].
- Identification Marks of Person with Disability:-
 - a)A Mole On The Right Arm Joint .
 - b)A Mole On The Left Hand Leg .

| | | |
|---|--|---|
|  Signature AMUDALAPALLI SUBBARAM |  Signature Dr. DUDLA JAYASHREE AMMAJI |  Signature Dr. BANDELA VENUGOPAL |
| Designation: CIVIL SURGEON SPECIALIST | Designation: CIVIL SURGEON &R.M.O | Designation: CAMP CHAIRMAN |
| Regn.No : 18243 | Regn.No : 17267 | |

Note: This Certificate is not valid for Medico-Legal cases.

CHAIRMAN MEDICAL BOARD
DISTRICT HOSPITAL
ELURU - W.G.D.



<http://www.sadarem.ap.gov.in/SADAREM/CertificateWithPersoncode.do?print=certificatep...> 1/2/2013

07 11:16



CERTIFICATE

ISSUED UNDER AUTHORITY VIDE G.O. MS. NO. 109 WOMEN'S DEVELOPMENT
CHILD WELFARE AND LABOUR DEPARTMENT DT. 15-6-1992

For all the Purpose of assistance the Orthopaedically Handicapped are those who have physical defect or deformity with causes an interference with the normal function of bones, muscles and joints.

Certified that the District Medical Board West Godavary have this 27 day
of January 2005 examined the applicant whose particulars are given below and
that he/she falls within the above definition.

1. Name of Candidate Eda Ratnashekar.

2. Father's Name Srinivasa Rao -

3. Sex Male

4. Approximate age 6 years

5. Identification marks

- 1) A mole on the right side of the chest.
- 2)



6. (a) Nature of disability :

(Tick relevant from following list)

Post-Polio Paralysis, Hemiplegia, Quadraplegia,
Malunited Fracture, Nerve Paralysis upper Extermy,
Lower Extermy, Limb, Painful, Shortening, Deformity,
Congenital Acquired Above Knee, Below Knee, Hip,
Hemipelvectomy Symes Cheoparts, Wrist, Fingers, Below
Elbow Above Elbow, Shoulders, Fore Quarter Unilateral, Bilateral.

(b) Extend of disability :

Estimate in percentage (Mc. Bride Seale)

On Anatomical Functional,

Patient's Assessment, Examiner's Assessment

Economical Basis mention as Percentage

(Specific percentage has to be mentioned)

(c) Use of Appliance :

(Tick relevant following list)

Calliper, Crutch, Above Knee, Below Knee,

Prosthesis Cans, Unilateral, Bilateral Above Elbow,

Below Elbow, Hemipelvectomy, Shoulder.

Dis- Articulation.

(d) Any Operation done or Indicated

(e) Photograph (Attested)

To show the nature of disability and any appliance if used.

Cerebral palsy

80% (eighty percent)

7. Any other particulars to clarify the nature extent of disability that the Surgeon might like to point out.

Signature of Candidate

Signature of
Orthopaedic Surgeon
Surgeon (Seal) District
Medical Board.



CHAIRMAN - CUM - D.M.B.S.
DISTRICT MEDICAL BOARD
WEST GODAVARI DISTRICT.
Dist. Hospital
ELURU, W. G. D.



Government of Andhra Pradesh
CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CN & DW Dept. Dated 01.12.2009)

Medical Board: Community Health Center, Bhimavaram

ID No. of Person with Disability: 05060430140119015

Date of Issue: 06/01/2013



- This is certified that Shri Geddada Akash, S/o Srinivasarao, Male, age 11 years, resident of H.No. # 1-22/2A, Agarru Habitation, Agarru Village, Palacole Mandal, West Godavari District, is suffering from Permanent disability of the following category:- Physical (Locomotor/Orthopaedic) Disability.
 The disability is in relation to his : Left Upper Limb. Impaired reach, Weakness of grip.
 Sub-type of disability : Cerebro-Vascular Accidents.

Cause of Disability : Disease and Infection.
 LEFT HEMIPLEGIA.

- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 90% [Ninety percent].
- He meets the following physical requirements for discharge of his duties. F-can perform work by manipulating with fingers, PP-can perform work by pulling and pushing, L-can perform work by lifting, B-can perform work by bending, S-can perform work by sitting, ST-can perform work by standing, W-can perform work by walking, RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
 a) No Moles.
 b) No Moles.

(Signature)
 Signature/Thumb impression
 of Person with Disability

Signature

Dr. SRI NARESH KARNA
 IRRINKI

Designation: ORTHOPAEDIC
 SURGEON

Regn.No : 34382

Signature

Dr. KOLLU PRABHAKAR

Designation: SUPDT.C.H.C.,
 BHIMAVARAM

Regn.No : 15889

Signature

Dr. K ESWAR PRASAD

Designation:
 D.C.H.S., W.G.Dt.

Regn.No: 14489

Civil Asst. Surgeon

Community Health Center
 Bhimavaram, W.G.Dt.

Medical Supdt.

Community Health Center
 Bhimavaram, W.G.Dt.

Community Health Center
 Bhimavaram, W.G.Dt.

Nature of Disability (విధానం): **Permanent**

Physical (Locomotor/Orthopaedic)

(భారతం శరీర విధానం)

Percentage of Impairment (విధానం శరీరం):

90.0%

Doctor

Signature :

Name : **Dr. SRI NARESH KARNA IRRINKI**

Designation : **ORTHOPAEDIC SURGEON**

Registration No : **34382**

Doctor

Signature :

Name : **Dr. KOLLU PRABHAKAR**

Designation : **SUPDT.C.H.C., BHIMAVARAM**

Registration No : **15889**

Doctor

Signature :

Name : **Dr. K ESWAR PRASAD**

Designation : **D.C.H.S., W.G.Dt.**

Registration No : **14489**

NOTE :- 1. This card is valid for claiming Air / Bus / Rail Concession and benefits sanctioned for eligible disabled persons, by authorities concerned / Government of A.P.

2. All particulars, except disability and degree of disability, are based on information given by I-card holder.



Government of Andhra Pradesh
IDENTITY CARD FOR
PERSON WITH DISABILITY

Medical Board of Area Hospital,
Tadepalligudem At(Tanuku)

ID No: 05061440050107116

Name (పేరు) : MALLIPUDI

RATHNARAJU

(మల్లిపూడి రత్నరాజు)



Father(తండ్రి)/

Gaurdian Name(సంరక్షకుడి పేరు) :

Chandraraao (చంద్రారావు)

Date of Issue(జారీ చేసిన తేదీ) : 23/05/2017

Valid Upto(కాలపరిమితి): Lifetime (జీవితకాలం)

Date of Birth (పుట్టిన తేదీ): 18/05/2002

Age (వయస్సు) : 15

Sex (లింగము) : Male (పురుషుడు)

Address (చిరునామా) : # 4-16, Doddipatla,
Doddipatla ,Yelamanchili,
West Godavari.

Identification Marks (గుర్తింపు చిహ్నాలు) :

1. A Mole On The Left Hand Shoulder .
2. A Mole On The Left Leg

[Signature]
Signature/Thumb Impression

Nature of Disability (నికలంగత్వం) :

Permanent Physical.
(Locomotor/Orthopaedic)
(జీవితకాలం శారీరక నికలంగత్వం)

Percentage of Impairment (నికలంగత్వ శాతం) :

86.0%

Doctor

Signature : *[Signature]*

Name : Dr. U RAGHAVENDRA RAO*

Designation : CIVIL ASSISTANT SURGEON

Registration No : 54909

Doctor

Signature : *[Signature]*

Name : Dr. P SATYANARAYANA RAJU

Designation : CIVIL SURGEON
SPECIALIST

Registration No : 16924

Doctor

Signature : *[Signature]*

Name : Dr. V ARUNA

Designation : MEDICAL SUPDT, TANUKU

Registration No : 33934

NOTE :- 1. This card is valid for claiming
Air / Bus / Rail Concession and benefits
sanctioned for eligible disabled persons, by
authorities concerned Government of
A.P.

2. All particulars, except disability and
degree of disability, are based on
information given by I-card holder.

[Handwritten notes and stamps]
AREA HO at (Tanuku)
Tadepalligudem District



Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: Community Health Center, Bhimavaram
ID No.of Person with Disability: 05060430180126021
Date of Issue: 05/01/2013



- This is certified that Shri Panja Dhanumjayaram, S/o Ravikumar, Male, age 12 years, resident of H.No.# 1-106/A, Varidhanam Habitation, Varidhanam Village, Palacole Mandal, West Godavari District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to his : Whole Body. Impaired reach,Weakness of grip.
Sub-type of disability :Cerebral Palsy (CP).

Cause of Disability : BirthAsphyxia.
CEREBRAL PALSY.

- Re-assessment of this case is not recommended.
- Percentage of disability in his case is 89% [Eighty Nine percent].
- He meets the following physical requirements for discharge of his duties. PP-can perform work by pulling and pushing,L-can perform work by lifting,KC-can perform work by kneeling and crouching,B-can perform work by bending,S-can perform work by sitting,ST-can perform work by standing,W-can perform work by walking,RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
a)A Mole On The Left Leg .
b)A Mole On The Neck .

Signature/Thumb impression
of Person with Disability

Signature
Dr. SRI NARESH KARNA
IRRINKI

Designation: ORTHOPAEDIC
SURGEON

Regn.No : 34382

Civil Asst. Surgeon
Community Health Center
Bhimavaram, W.G.Dt.

Signature
Dr. KOLLU PRABHAKAR

Designation: SUPDT.C.H.C.,
BHIMAVARAM

Regn.No : 15889

Medical Supdt.
Community Health Center
Bhimavaram, W.G.Dt.

Signature
Dr. K ESWAR PRASAD

Designation:
D.C.H.S.,W.G.Dt.

Regn.No : 14489

CHAIRMAN
MEDICAL BOARD
Community Health Center
BHIMAVARAM-W.G.Dt.





Government of Andhra Pradesh CERTIFICATE FOR PERSON WITH DISABILITY

(Issued under the authority vide G.O.Ms.No.31, WD CW & DW Dept.Dated 01.12.2009)

Medical Board: Community Health Center, Bhimavaram
ID No. of Person with Disability: 05059440120126052
Date of Issue: 08/10/2010



- This is certified that Kumari Barre Devi, D/o Yesubaabu, Female, age 10 years, Yelamanchili Habitation, Yelamanchili Village, Yelamanchili Mandal, West Godavari District, is suffering from Permanent disability of the following category:-
Physical (Locomotor/Orthopaedic) Disability.
The disability is in relation to her : Bilateral Upper Limb. Impaired reach, Weakness of grip.
Sub-type of disability : Post Burn Injury Sequel.

Cause of Disability : Accident.
POST BURN CONTRACTURE OF BOTH HAND.

- Re-assessment of this case is not recommended.
- Percentage of disability in her case is 89% [Eighty Nine percent].
- She meets the following physical requirements for discharge of her duties. S-can perform work by sitting.
- Identification Marks of Person with Disability:-
a) A Mole On The Right Hand Elbow .
b) A Mole On The Left Leg .

Signature/Thumb impression
 of Person with Disability

Signature
Dr. MULAKALA SRINIVASA
RAO

Designation: CIVIL
ASST. SURGEON

Regn.No : 39164

Civil Asst. Surgeon

W.G. Dist. BHIMAVARAM

Signature
Dr. KOLLU PRABHAKAR

Designation: SUPDT.C.H.C.,
BHIMAVARAM

Regn.No : 15889

Community Health Center

Bhimavaram W.G. Dist.

Signature
Dr. SWARNA NAGARJUNA

Designation:
D.C.H.S., W.G. Dt.

Regn.No : 13372

CHAIRMAN

MEDICAL BOARD

Community Health Center
BHIMAVARAM-W.G. Dist.

