



2.1.2 Average percentage of seats filled against seats reserved for various categories

Differently abled students (DIVYNGJAN)

Names of the student enrolled under Differently abled	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2016-2017						
P. JEEVA KUMAR	M	CHN/LD/38603	LOCOMOTOR	60%	ENGLISH	2016
LINDA S. CHACKO	F	4126/RMB/KMCH/2015	DYSLEXIA	NIL	ENGLISH	2016
M. RUBAN RAJ	M	CHN/HI/08515	HEARING IMPAIRED	100%	B.COM (G)	2016
BENNY	M	839	DEAF AND DUMB	100%	VIS COM	2016
S.JHANESH	M	250/HM4/2016	DYSLEXIA	NIL	VIS COM	2016
K. THANGA PANDI	M	KRI/HH/39748	HEARING IMPAIRED	90%	B.COM (G)	2016
2017-2018						
R. HARSHAN SHANKAR	M	18282/RMB/2016	DYSLEXIA	NIL	VIS COM	2017
2018-2019						
G.AISHWARYA	F	TLR/LD/43665	ORTHOPAEDICALLY HANDPICKED	60%	B.Sc (C.Sc)	2018
S.SUBETHA	F	TLR/HI/37318	HEARING IMPAIRED	90%	BBA	2018
S. VELVIZHI	F	TLR/HI/41582	HEARING IMPAIRED	95%	BBA	2018
S. SOUNDARARAJAN	M	274/18	LOCOMOTOR	80%	B.COM (G)	2018
D. HARISH	M	7672/RMB/2018	DYSLEXIA	NIL	VIS COM	2018
2019-2020						
P. B. AMARNATH	M	036487/PMB/RSSSH/16	LEARNING DISABILITIES	100%	BBA	2019
M.AARTHI	F	TLR/HI/41715	SPEECH AND HEARING DISABLED	100%	B.COM (A&F)	2019
E. TAMILARASAN	M	CHN/DW/57733	DWARFISM	40%	B.COM (C.S)	2019
JINU MATHEW	F	CHN/VI/53965	BLINDNESS	100%	ENGLISH	2018
2020-21						
T.POOJA	F	TLR/HI/41537	HEARING IMPAIRED	100%	B.COM (G)	2020
S. HARIKRISHNAN	M	6848/RMB/KMCH/2016	LEARNING DISABILITIES	100%	BBA	2020
K. RAHUL	M	CHN/MD/56444	MILD AUTISM	50%	BBA	2020
LAKSHMIKANTH	M	10471/RMB/KMCH/2020	DYSLEXIA	NIL	ENGLISH	2019



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2016-2017						
P. Jeeva Kumar	M	CHN/LD/38603	Locomotor	60%	English	2016

Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)
(See rule 18(1))

(Name and Address of the Medical Authority issuing the Certificate)
K.K. NAGAR CHENNAI - 600 078
Date: 26/3/2017

Receiver attests
Dr. SENTHIL KUMAR S.
M.S. ORTHO DNB ORTHO
ASSISTANT SURGEON
REG. No: 83199
GPH K. K. NAGAR,
CHENNAI - 600 078

Certificate No. S. N. 50 LD/38603

This is to certify that I have carefully examined Shri/Smt./Mum. P. Jeeva Kumar son/wife/daughter of Shri P. Jeeva Kumar Date of Birth (DD/MM/YY) 21/04/97 Age 21 years, male/female Male
CHN/LD/38603 permanent resident of House No. 5/66 Ward/Village/Street Chinnai
108/999 Post Office Chinnai District Chinnai State Tamil Nadu
 whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:
 Locomotor disability
 dwarfism
 blindness
 (Please tick as applicable)

(B) the diagnosis in his/her case is 100% complete absence of femur/h/altus
 (A) He/she has 60 % (in figure) 60 percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her (part of body) as per guidelines (number and date of issue of the guidelines to be specified).
 2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Atharva card</u>	<u>5886 3904 0769</u>	<u>Ans. g. Reddy</u>

Signature/thumb Impression of the Person in whose favour certificate of disability is issued

(Signature and Seal of Authorised Signatory of notified Medical Authority)
 Dr. SENTHIL KUMAR S.
 M.S. ORTHO DNB ORTHO
 ASSISTANT SURGEON
 REG No : 83199
 GPH K. K. NAGAR,
 CHENNAI - 600 078

தமிழ்நாடு அரசு
GOVERNMENT OF TAMIL NADU
தலைவர் பதிலிப் பத்திரம்
PASS BOOK
வழங்கும் அதிகாரம்:
தமிழ்நாடு அரசு
Issuing Authority
Government of Tamil Nadu

மாநில குறியிடல் முகவரகம்
State Code TN
குறியிடல் மாவட்டம்
District CHN
குறியிடல் குறியிடல் குறியிடல்
Disability Code LD
குறியிடல் அடையாள அட்டை
Identity Card No. 38603

குறிப்பு
இந்த அட்டை அட்டைகளை வழங்கி, மாநில அரசு மட்டும் உரிமை வாய்ந்தவர்களுக்கு மட்டுமே வழங்கப்படும் உரிமைகளை அடைய வழங்குவதற்காக உட்கட்டுகிற அட்டைகளுக்கு உட்கட்டுகிற அட்டைகளை வழங்கும்.

தலைவர் பதிலிப் பத்திரம் வழங்கும் முறை
தலைவர் பதிலிப் பத்திரம் வழங்கும் முறை
தலைவர் பத்திரம் வழங்கும் முறை
தலைவர் பத்திரம் வழங்கும் முறை

INSTRUCTION
The holder of the Identity Card for person with Disabilities is eligible to claim concessions/benefits provided by Central Government, State Government, Statutory Bodies and other Local authority under the Act/Rules. Instructions issued by these authorities shall be followed.
Whoever fraudulently avails or attempts to avail any benefit meant for persons with disabilities, shall be punishable with imprisonment for a term, which may extend to two years or with fine which may extend to twenty thousand rupees or with both.

சென்னை - 600 078
GPH K. K. NAGAR
YERVADEI BRIDGE
DR. SENTHIL KUMAR S.

UNIQUE DISABILITY ID
Government of India

नाम / Name
ஜீவகுமார் ப
Jeevakumar P

UD ID
TN0230619970011024

Disability Type
Locomotor Disability

Year of Birth
1997

Date of Issue
29/04/2019

Percentage of Disability
60% (Sixty Percent)

Valid upto
Permanent

Issuing Authority Sign
011/ Y/ 0068204



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2016-2017						
Linda S. Chacko	F	4126/RMB/KMCH/2015	Dyslexia	Nil	English	2016






2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2016-2017						
M. Ruban Raj	M	CHN/HI/08515	Hearing Impaired	100%	B.com(G)	2016

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: **K.K. NAGAR, CHENNAI-70.**
Date: **25/1/16**


Dr. N. Jeyanth, MBBS, DLO
 Reg. No. 26577
 ENT Specialist
 Assistant Surgeon
 Ramil Madu Medical Services

Certificate No. **SRCC/HI/3** Date: _____

This is to certify that I have carefully examined
 Shri/Smt./Kum. **M. RUBAN RAJ**
 son/wife/daughter of Shri **I. MARIA LOUIS** Date of Birth **26/09/1997** Age **18** years, male/female **M**
 (DD / MM / YY)
 Registration No. **CHN/HI/08515** permanent resident of House No. **B-6**
 Ward/Village/Street **Krishna Apartment** Post-Office **Officer colony** District **Chennai-50** State **TAMIL NADU** whose photograph is affixed above, and am satisfied that he/she is a case of **Speech & Hearing Disability**. His/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/disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing Impaired	£	Bi-Polar 100%	
5.	Mental Retardation	X		
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

CERTIFIED TO BE THE TRUE XEROX COPY OF THE ORIGINAL

K. SAMPATH, M.C.
ADVOCATE & NOTARY
31, 1st MAIN STREET
THIRUVENGADANA
AMBATTUR, CHENNAI



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2016-2017						
Benny J	M	839	Deaf And Dumb	100%	Viscom	2016

ANNEXURE V(C)

FORM-VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
[See Rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No. 839 Date 03-06-19

1. This is to certify that we have carefully examined Shri / Smt. / Kum
BENNY J. son / wife / daughter
of Shri JOSEPH CHELLIAH Date of Birth 16/06/1990 (DD/MM/YYYY)
Age 28 years, Male / Female MALE Registration No. 137
Permanent Resident of House No. 137 SAVANA WINGS
CHENNAI, whose photograph is affixed above and is satisfied that he/she
is a case of HEARING Disability His/Her extent of permanent physical
impairment/disability has been evaluated as per guidelines (to be specified) for the
disabilities ticked below and 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	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low Vision	#		
7	Deaf	E	BILATERAL	HUNDRED
8	Hard of Hearing	E	PROFOUND HEARING LOSS	PERCENTAGE (100%) ONLY.
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple Sclerosis			
16	Parkinson's Disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

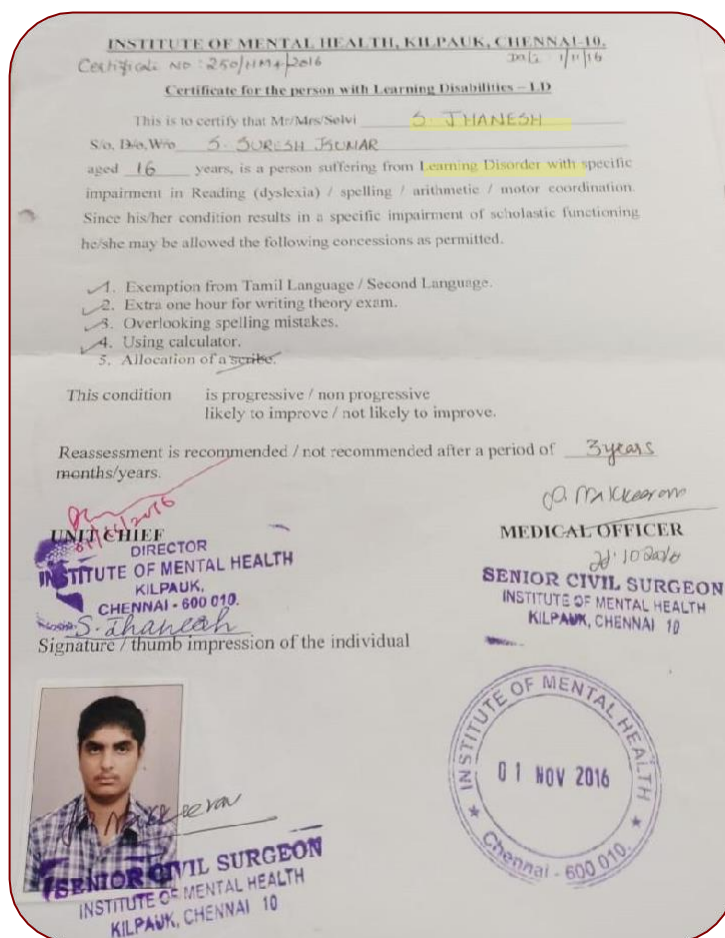
V. J. J. J. 28/5/19

M. MAR., DNB.,
DIRECTOR & PROFESSOR
PHYSIOLOGY
MADRAS MEDICAL COLLEGE &
HOSPITAL, CHENNAI



2.1.2 Average percentage of seats filled against seats reserved for various categories

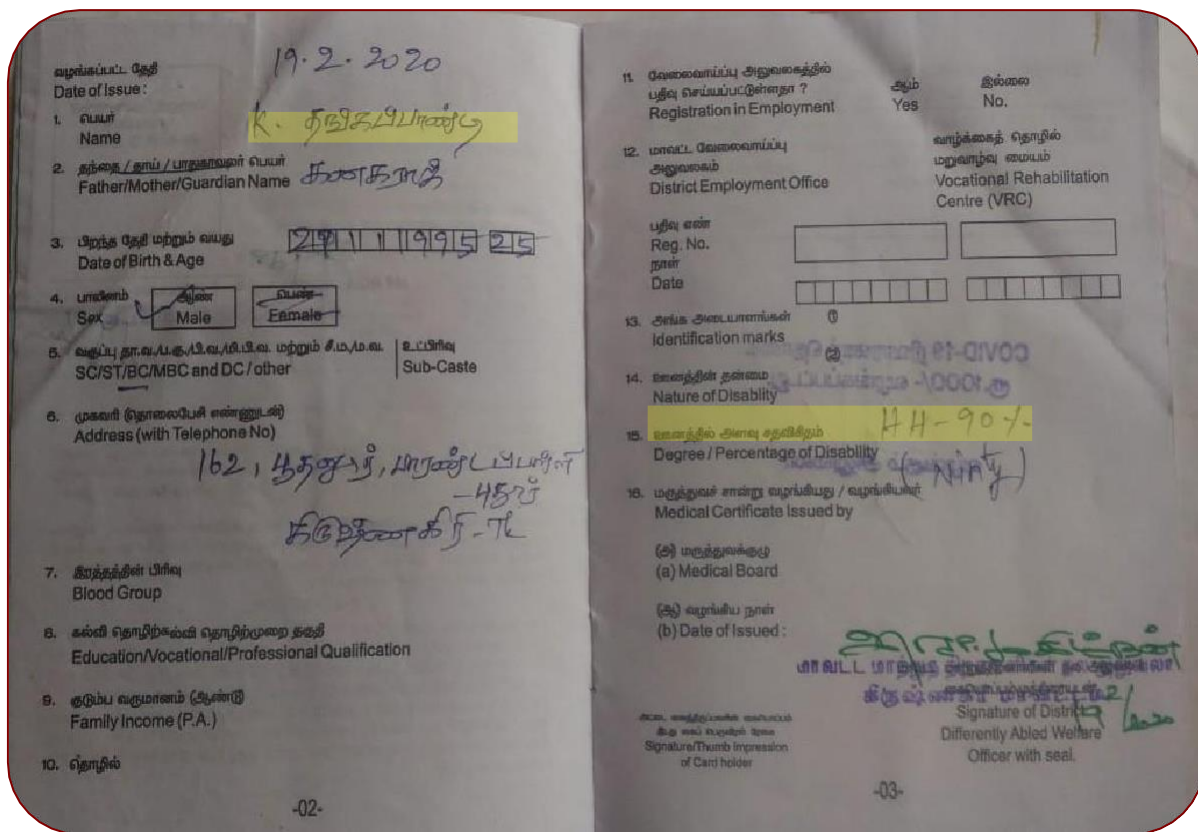
Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2016-2017						
S. Jhanesh	M	250/Hm4/2016	Dyslexia	Nil	Viscom	2016





2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2016-2017						
K. Thanga Pandi	M	KRI/HH/39748	Hearing Impaired	90%	B.com(G)	2016





2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2017-2018						
R. Harshan Shankar	M	18282/RMB/2016	Dyslexia	Nil	Viscom	2017






2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2018-2019						
G.Aishwarya	F	TLR/LD/43665	Orthopaedically Handpicked	60%	Computer Science	2018

**FORM - II
DISABILITY CERTIFICATE**
(In cases of amputation or complete permanent paralysis of limbs and in cases of visual Impairment)
(See rule 4)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)



DR. RAVLENDHAR, MBBS, D.ORTH.
CHIEF CIVIL SURGEON,
CON. ORTHO SURGEON,
REGISTRATION No. 42446
GOVT. PERIPHERAL HOSPITAL,
KUNATHUR, CHENNAI-600 078


Certificate No. _____
This is to certify that I have carefully examined _____
Shri / Smt. / Kum. G. AISHWARYA
son / wife / daughter of Shri P. GANESAN
Date of Birth 26 08 1997 Age 17 years, Male / Female _____
(DD / MM / YY)
Registration No. TLR/LD/43664 Permanent resident of House No. NO 910/6
Ward / Village / Street 6th Block Post Office Murugappaikudam
District Chennai State TAMIL NADU

whose photograph is affixed above, and am satisfied that :
(A) he/she is a case of :
 Motor disability
 Visual Impairment
 (Please tick as applicable)
 (B) the diagnosis in his/her case is LD Upper limb
 (A) He/she has 60 % (in figure) Sixty percent (in words) permanent physical impairment / blindness in relation to his/her LD Upper limb (part of body) as per guidelines (to be specified).
 2) The Applicant has submitted the following document as proof of residence :-

Nature of Document	Date of issue	Details of authority issuing Certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature / Thumb impression -of the person in whose favour Disability certificate is issued.



26/05/15

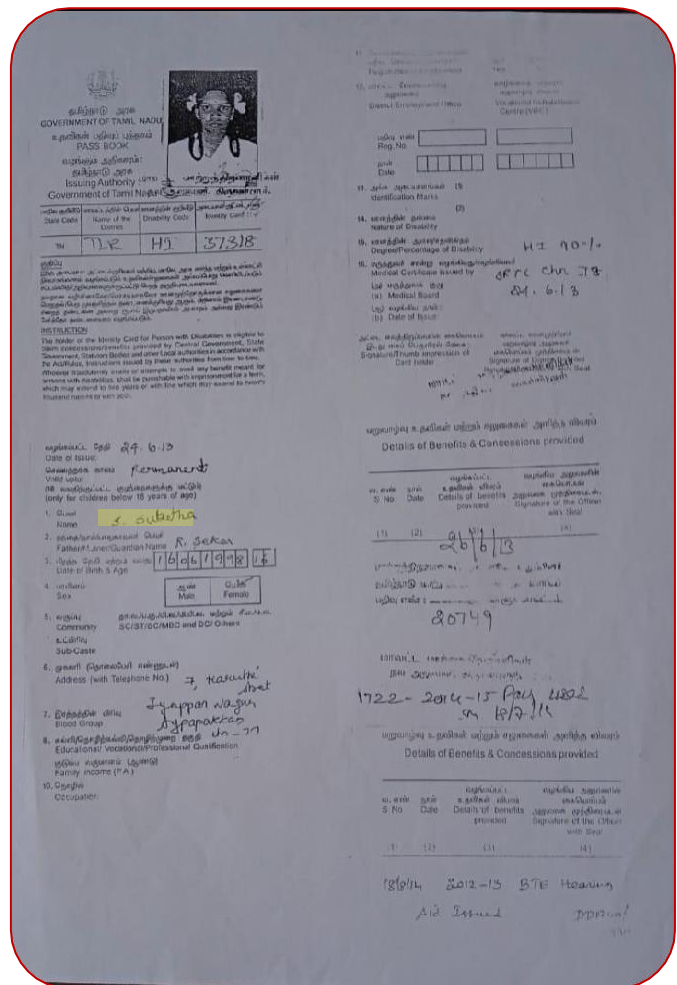
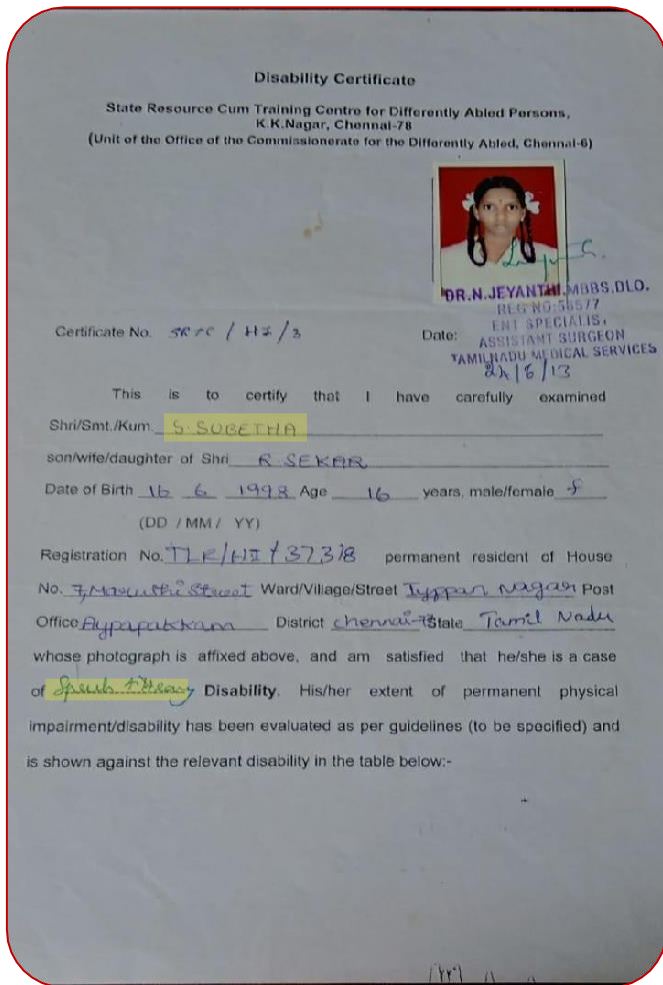
R. Ravleendar
DR. RAVLENDHAR, MBBS, D.ORTH.
CHIEF CIVIL SURGEON,
CON. ORTHO SURGEON,
REGISTRATION No. 42446
GOVT. PERIPHERAL HOSPITAL,
KUNATHUR, CHENNAI-600 078

Form Printed and Sponsored by Rtn. V.Suchithra Sagar, Chairman - Support and Assistance to Differently Abled R.I. District 3230 on behalf of Retired (DLB) of Chennai Towers, K. NAGAR, CHENNAI-600 078



2.1.2 Average percentage of seats filled against seats reserved for various categories

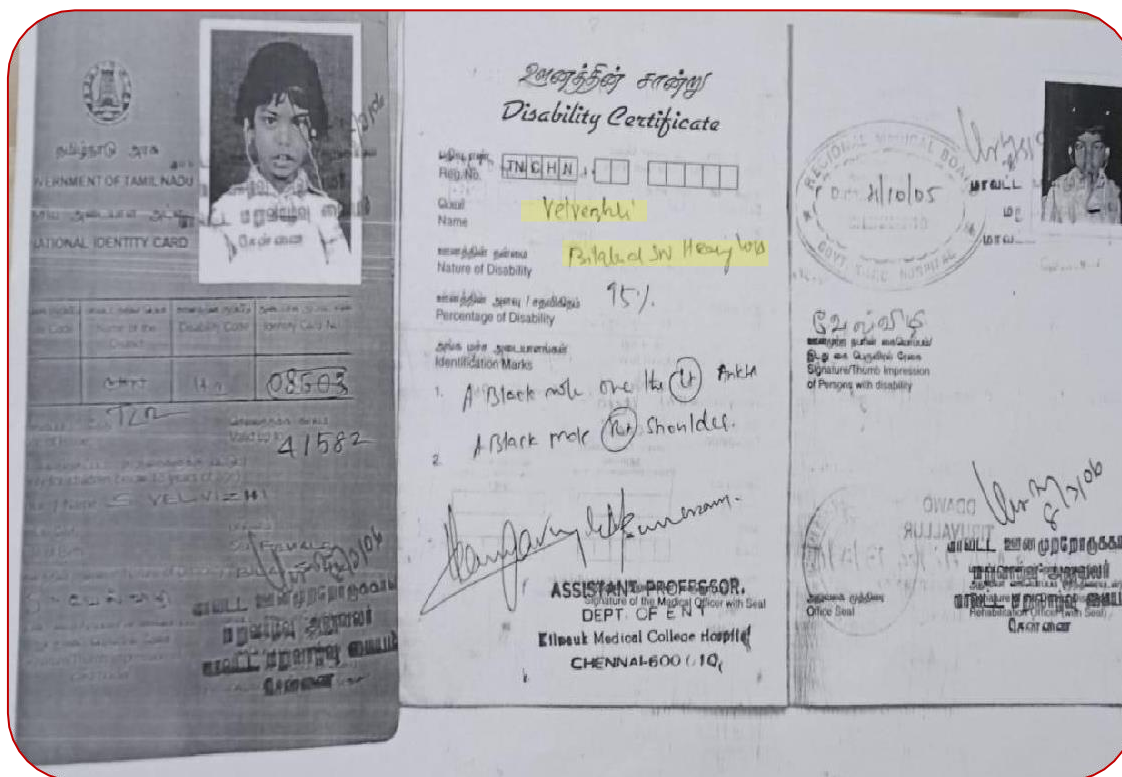
Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2018-2019						
S.Subetha	F	TLR/HI/37318	Hearing Impaired	90%	BBA	2018





2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2018-2019						
S. Velvizhi	F	TLR/HI/41582	Hearing Impaired	95%	BBA	2018





2.1.2 Average percentage of seats filled against seats reserved for various categories

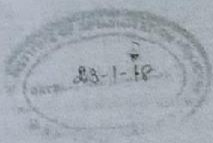
Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2018-2019						
S. Soundararajan	M	274/18	Locomotor	80%	B.Com(G)	2018

FORM II
DISABILITY CERTIFICATE


(In cases of amputation or complete permanent paralysis of limbs and in case of visual impairment)

(See rule 41)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)



23-1-18



B. Jeyanthan
23/1/18

Certificate No. 274/18 Date 23-01-18

This is to certify that I have carefully examined

Sex / Son / Son SOUNDARARAJAN S

Son / Wife / daughter of Shri Saivadan

Date of Birth 21.06.1997 Age 18 Years Male Female

(DD / MM / YY)

Registration No. 274/18 Permanent resident of House No. 2513

Ward / Village 24th Street padal Post Office Pudha Nagar

District Chennai - 101 State Tamil Nadu

Whose photograph is affixed above, and am satisfied that:

(A) He / She is a case of Locomotor disability

* Visual Impairment

(Please tick as applicable)

(B) the diagnosis in his / her case is LEFT TRANSFERORAL AMPUTATION

(A) He / She has 80% (in figure) EQUALITY

percent in words permanent physical impairment/blindness in relation to his / her LEFT LOWER

ARM (Part of body) per guidelines (to be specified)

2) The Applicant has submitted the following document as proof of residence

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Id card</u>	<u>01.6.17</u>	<u>SRM UNIVERSITY</u>

(Signature and Seal of Authorized Signatory of Central Medical Authority)

B. Jeyanthan
23/1/18



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2018-2019						
D. Harish	M	7672/RMB/2018	Dyslexia	Nil	Viscom	2018

REGIONAL MEDICAL BOARD
Govt. Kilpauk Medical College Hospital, Chennai -10.
MEDICAL REPORT

L. Dis. No. 7672/RMB/2018 Dated.: 30-08-2018

Selvar. **D. Harish** S/o Mr. N.Devanand, 18 years, residing at No.134/11, Ajantha Flats, 16th Main Road, Anna Nagar West, Chennai-40.

Identification Marks: -

1. A Black Mole on jaw in front of left Ear.
2. A Black Mole on Right Arm.


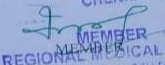

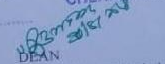
OBSERVATION REPORT:
History, Psychological assessment and Psychiatric Evaluation reveal that he has **Learning Disorder** as per the opinion of Professor and Head of the Department of Psychiatry.



He is recommended the following concessions during examination.

1. Overlooking Spelling and Grammatical errors.
2. Additional time of One Hour for writing the Examination
3. Exemption from Second Language Paper
4. Permission for use of calculator.

This certificate is valid for following 5 years

1. Dr. K.E.Govindarajulu, MD(GM).
(Prof. of Medicine)
2. Dr. K. Vani DCH.,MD(OG)
(Prof. of O&G)
3. Dr. Angeline Selvaraj.,MS., Meh.,
(Prof. of Burns and Plastic Surgery)

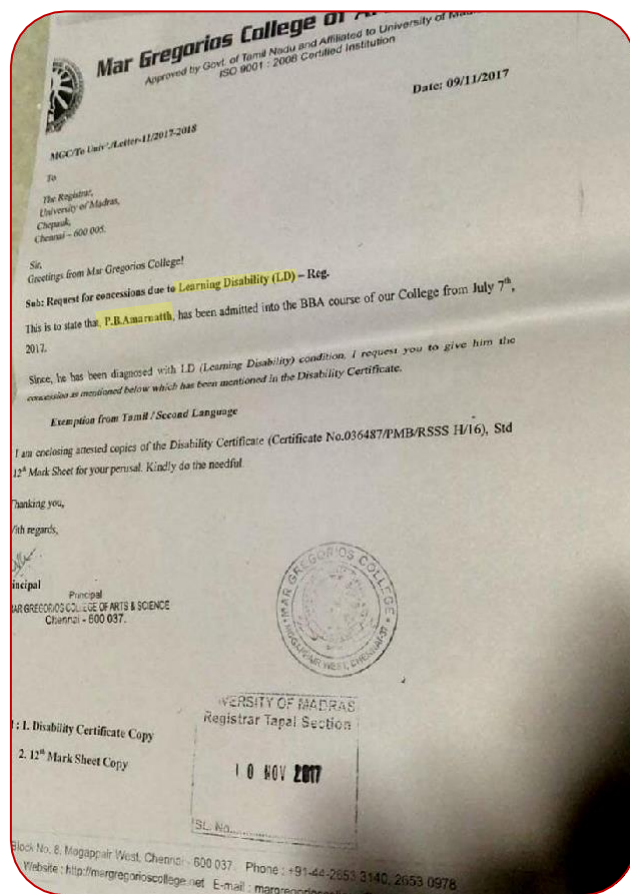
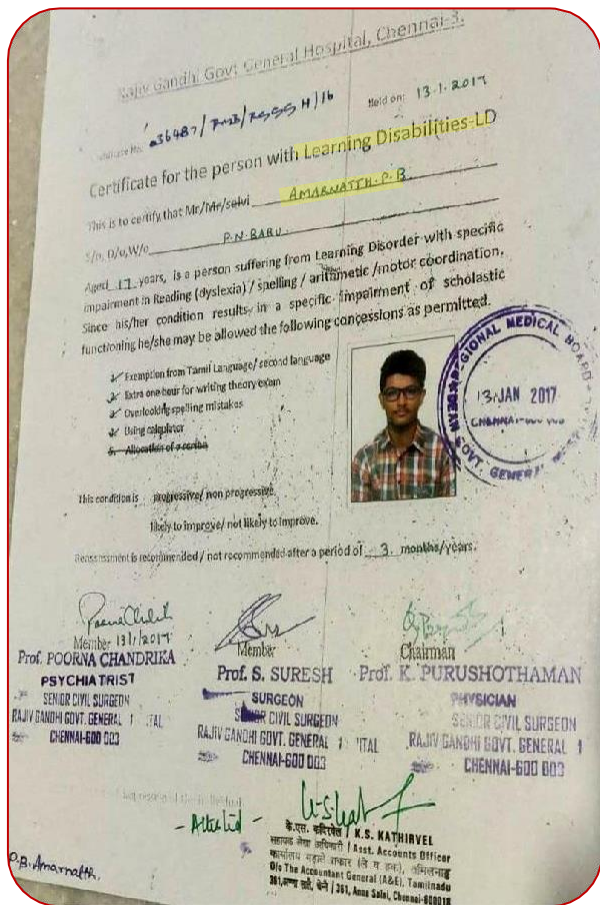

CHAIRMAN
 REGIONAL MEDICAL BOARD
 GOVT. KILPAUK MEDICAL COLLEGE HOSPITAL
 CHENNAI-10.

MEMBER
 REGIONAL MEDICAL BOARD
 GOVT. KILPAUK MEDICAL COLLEGE HOSPITAL
 CHENNAI-10.

MEMBER
 REGIONAL MEDICAL BOARD
 GOVT. KILPAUK MEDICAL COLLEGE HOSPITAL
 CHENNAI-10.

 for
DEAN
 Govt. Kilpauk Medical College Hospital,
 Chennai-10.



 Date: 30/08/18
 2018



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2019-2020						
P. B. Amarnath	M	036487/PMB/RSSSH/16	Learning Disabilities	100%	BBA	2019





2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2019-2020						
M.Aarthi	F	TLR/HI/41715	Speech and Hearing Disabled	100%	B.Com(A&F)	2019





2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2019-2020						
E. Tamilarasan	M	CHN/DW/57733	Dwarfism	40%	B.Com (Corp.Sec.)	2019

UNIT 19
OP No: 5008/19

Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)
[See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Certificate No. 4

This is to certify that I have carefully examined TAMILARASAN son/wife/daughter of Shri E. Umadevi (DD/MM/YY) 17-4-2001 Age 18 years, male/female male Registration No. 5008/19 permanent resident of House No. 4/1007 Ward/Village/Street 4/1007 Post Office Muyappair District Tiruvallur State Tamil Nadu whose photograph is affixed above, and am satisfied that

(A) he/she is a case of:
 locomotor disability
 dwarfism
 blindness
 (Please tick as applicable)

(B) the diagnosis in his/her case is DWARFISM WITH SCOLIOSIS

(A) he/she has 40 % (in figure) FORTY percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her TRUNK (part of body) as per guidelines (..... number and date of issue of the guidelines to be specified).

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

Nature of Document	Date of issue	Details of authority issuing certificate
<u>Ration card</u>	<u>3/12/2013</u>	<u>Govt of India</u> <u>5038 2127 5686</u>

Date: 26/11/19
D.K. KUMA MBBS, MCh, MRD
 SENIOR RESIDENT
 Govt. Institute of Rehabilitation Medicine
 K.K. Nagar, Chennai-78

(Signature and Seal of Authorised Signatory of notified Medical Authority)

R. E. Tamilarasan
 Signature/thumb Impression of the Person in whose favour certificate of disability is issued

INSTITUTE OF REHABILITATION M.D.
 K.K. NAGAR, CHENNAI-78



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2019-2020						
Jinu Mathew	F	CHN/VI/53965	Blindness	100%	English	2019

Form II
Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

NAME AND ADDRESS OF THE MEDICAL AUTHORITY:
SRI S. ARUNA
Govt. Peripheral Hospital, K.K. Nagar, Chennai-74.

Certificate No. CHN/VI/53965 Date: 20-02-2019

This is to certify that JINU MATHEW is a Blindness sufferer.

Son/Daughter of SRI. SRI. MATHIEW Date of Birth 23-02-1994 Age 25 years (months/year)

Registration No. CHN/VI/53965 permanent resident of House No. 27 Ward/Village/Street VAZHAI MOORE Post Office PERAMBUR District CHENNAI State TAMIL NADU whose photograph is affixed above and is qualified for:

(A) belongs to a case of:
 Lockjaw/Disability (Please tick as applicable) Blindness

(B) the diagnosis in this case is Complete bilateral myopia & cataract
 (in words) permanent physical impairment/blindness in relation to vision (part of body) as per guidelines (to be specified)

(2) The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Adhar Card</u>	<u>20-02-2019</u>	<u>Govt. of Sada</u>

L.T.I OF JINU MATHEW

Signature/Thumb Impression of the Person in whose favour disability Certificate is issued: [Signature]

Signature of the Authorized Signatory of the Reg. Medical Authority: [Signature]
 Civil Surgeon
 Govt. Peripheral Hospital,
 K.K. Nagar, Chennai-74.

CCP-4/34-4/20/2019-24/9/2014 (MCL-11)



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2020-2021						
T.Pooja	F	TLR/HI/41537	Hearing Impaired	100%	B.Com(G)	2020

Form – VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name and Address of the Medical Authority issuing the Certificate)
[See rule 18(1)]

Dr. Balu Jayaraman
M.B.B.S., D.L.O (ENT)
Asst. Civil Surgeon
Assistant Commissioner
Tamil Nadu State Commission for the Physically Handicapped

Date: 21/12/2020

Registration No. SPTC/41537

This is to certify that I have carefully examined Shri/Smt/Kum T. Pooja son/wife/daughter of Shri A. Thiyanaganathan (late) Date of Birth (DD/MM/YY) 02 07 2001 Age 19 years, Registration No. TLR/HI/41537 permanent resident of House Notibala Ward/Village/Street New Grove St Post Office Kallikuppam Garapatt AMBATTUR State Tamil Nadu, whose photograph is affixed above, I am satisfied that he/she is a case of Post lateral profound SNHL disability. His/her percentage physical impairment/disability has been evaluated as per guidelines number and date of issue of the guidelines to be specified) and is shown against the relevant category in the table below:-

Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in %)
Locomotor disability	@		
Muscular Dystrophy			
Deafness cured			
Cerebral Palsy			
Stroke attack Victim			
Low vision	#		
Deaf	€	<u>Both ears Post lateral profound SNHL</u>	<u>100%</u>
Hard of Hearing	€		
Speech and Language Disability			
Intellectual Disability			
Specific Learning Disability			
Autism Spectrum Disorder			
Mental illness			



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2020-2021						
S. Harikrishnan	M	6848/RMB/KMCH/2016	Learning Disabilities	100%	BBA	2020

REGIONAL MEDICAL BOARD + MEDICAL REPORT
Govt.Kilpauk Medical College Hospital, Chennai - 10

L. Dis.No. 6848/RMB/KMCH/2016 Dated: 01.01.2016

As per the opinion of Professor and Head, Department of Psychiatry, Thiru. S. HARIKRISHNAN, S/o Suresh, is 14 years, No.23, Akshaya flats, Indira Gandhi Street, Sentilil Nagar, Thimimalaivoli, Chennai - 62. He is suffering from **Learning Disorder**.

Observation Report:
History, Psychiatric evaluation & psychometry reveal that he has Learning Disorder.

He may be granted the following Concessions in the Examinations:



- Overlooking of Spelling & Grammatical Mistakes.
- Extra time of one hour for writing Exam.
- Usage of Calculator.
- Exemption from second Language.
- Allocation of Scribe to read only Question only.

1. Dr. K. Jayachandran MD, DCTI, (Professor of Pediatrics) Prof. of CHAIRMAN

2. Dr. K. Vijayar Kurran, Ms. (Professor of Surgery) Prof. of MEMBER

3. Dr. H. Vijay Anand, MS, DLO (Professor of Dermatology) Prof. of MEMBER

DEAN
Govt. Kilpauk Medical College Hospital,
Chennai-10.

DIRECTORATE OF GOVERNMENT EXAMINATIONS, CHENNAI 600 006
STATE BOARD OF SCHOOL EXAMINATIONS, TAMILNADU

THIS IS TO CERTIFY THAT THE CANDIDATE MENTIONED BELOW BEING
DIFFERENTLY ABLED HAD AWAILED THE FOLLOWING CONCESSIONS VIDE PROCS.

RC NO. ... OF THE DGE, CHENNAI - 6 /
O/o. R.D.G.E., CHENNAI ...

NAME : **HARIKRISHNAN S**
DATE OF BIRTH : **30.01.2001**
NAME OF THE EXAMINATION : **SSLC EXAMINATION**
SESSION AND YEAR : **MAR 2017**
NAME OF THE SCHOOL : **65 / 6525 - PRIVATE**

ROLLNO : **0815183**
PERMANENT REG NO : **XM17P659815183**

NATURE OF DISABILITY	CONCESSION AVAILED
1. Blind	1- One hour extra time
2. Deaf & dumb	2- Exempted from Language .. Tamil ..
3. Paralytic attack / Handicapped due to accident / Accidental fracture	3- Scribe to write the examination
4. Mentally Retarded	4- Person to read out the question paper
5. Dyslexia	5- To ignore spelling mistakes for non Language subjects
6. Nervous Disorder	6- Use of Calculator
	7- Use of Clerk's table
	8- Use of Computer and Diagrams
	9- Science Practical Exemption
	Total concessions availed..... 05

1. G.O. (Ms) No.26, School Education (V1) Dept. dt. 10.02.2010
2. G.O. (Ms) No.268, School Education (V1) Dept. dt. 19.10.2012
3. G.O. (Ms) No.23, School Education (V1) Dept. dt. 11.02.2013

REGIONAL DEPUTY DIRECTOR
OF GOVERNMENT EXAMINATIONS
COLLEGE ROAD
CHENNAI - 600 006

DIRECTORATE OF GOVERNMENT EXAMINATIONS, CHENNAI 600 006
STATE BOARD OF SCHOOL EXAMINATIONS, TAMILNADU

THIS IS TO CERTIFY THAT THE CANDIDATE MENTIONED BELOW BEING
DIFFERENTLY ABLED HAD AWAILED THE FOLLOWING CONCESSIONS VIDE PROCS.

RC NO. ... OF THE DGE, CHENNAI - 6 /
O/o. A.D.D.G.E., CHENNAI ...

NAME : **HARIKRISHNAN S**
DATE OF BIRTH : **30.01.2001**
NAME OF THE EXAMINATION : **HR SEC SECOND YEAR EXAMINATION**
SESSION AND YEAR : **MARCH - 2020**
NAME OF THE SCHOOL : **ARTROO73 - EBENEZER MARGUS MATRIC HR SEC SCHOOL PUDUR
AMBATTUR CHENNAI - 63**

ROLLNO : **2729597**
PERMANENT REGNO : **1915729055**

NATURE OF DISABILITY	CONCESSION AVAILED
1. Blind	1- One hour extra time
2. Deaf & Dumb	2- Exempted from Language .. Tamil ..
3. Paralytic Attack / Handicapped Due to Accident / Accidental Fracture	3- Scribe to write the examination
4. Mentally Retarded	4- Person to read out the question paper
5. Dyslexia	5- To ignore spelling mistakes for non Language subjects
6. Nervous Disorder	6- Use of Calculator
	7- Use of Clerk's table
	8- Use of Computer and Diagrams
	9- Science Practical Exemption
	Total concessions availed..... 05

1. G.O. (Ms) No.28, School Education (V1) Dept. dt. 10.02.2010
2. G.O. (Ms) No.268, School Education (V1) Dept. dt. 19.10.2012
3. G.O. (Ms) No.28, School Education (V1) Dept. dt. 11.02.2013

Assistant Director
of Asst. Director of Govt. Examinations,
Thuvallur





2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2020-2021						
K. Rahul	M	CHN/MD/56444	Mild Autism	50%	BBA	2020

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
(See rule 18(4))

(Name and Address of the Medical Authority issuing the Certificate)

Certificate No. 387C/MD/8

This is to certify that I have carefully examined Shri/Ks/Kum. K RAHUL son/daughter of Shri - K. RAHUL
Date of Birth (DDMMYY) 20.01.2003 Age 19 years.
Registration No. H/11111/MD/56444 permanent resident of House No. 4/37
Ward/Village/Street Mylapore, Madras Post Office Mylapore, Madras
District Tamil Nadu State Tamil Nadu whose photograph is affixed above, and am satisfied that

(A) he/she is a case of Multiple Disability. Higher extent of percentage physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of the guidelines to be specified) for the disabilities listed below and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	#		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	E		
10	Hard of Hearing	E		
11	Language Speech and Disability			
12	Intellectual Disability		<u>Mild Intellectual disability</u>	<u>50% disability</u>

13	Specific Learning Disability		
14	Autism Spectrum Disorder	<u>Mild Autism</u>	<u>50% disability</u>
15	Mental illness		
16	Chronic Rheumatological Conditions		
17	Multiple sclerosis		
18	Parkinson's disease		
19	Haemophilia		
20	Thalassemia		
21	Sickle Cell disease		

(B) In the light of the above, higher over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows: -
In figures: percent
In words: percent

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

3. Reassessment of disability is: (if not necessary, or)

Yes is recommended after 5 years months, and therefore this certificate shall be valid till (DDMMYY)

eg. Left/Right/both ears/legs
 eg. Single eye/both eyes
 eg. Left/Right/both ears

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

Nature of document	Date of issue	Details of authority issuing certificate
<u>Address Card</u>	<u>7.38.49.19.0782</u>	<u>Govt. of India</u>

4. Signature and seal of the Medical Authority

DR. S. S. RAJATH, M.B.B.S. D.O.
Reg. No. 61877
Name and Address: Dr. S. S. Rajath, 11/111, MD/56444, Mylapore, Chennai-600 015
Signature: [Signature]
Title: Civil Surgeon, Government Hospital, K.K. Nagar, Chennai-600 015

Name: Dr. S. S. Rajath
Reg. No. 61875
Title: Civil Assistant Surgeon, Institute of Mental Health, Chennai - 600 015

Signature/Thumb Impression of the Person in whose favour certificate of disability is issued

Disability Certificate
State Resource Cum Training Centre for Differently Abled Persons,
K.K.Nagar, Chennai - 75
(A unit of the Office of the Commissionerate for the Differently Abled, Chennai-0)

Certificate No. CHN/MD/56444

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that Shri / Smt. K. RAHUL son/daughter of Shri - K. RAHUL age 19 is a case of Physically disabled / visual disability / speech & hearing disabled / mentally disabled and has Learning disabilities in reading & writing. Physical Impairment / visual impairments speech & hearing impairment / mentally impairment in relation to his / her Intellectual disability

Note: -

DUE TO THE ABOVE MENTIONED DISABILITY FOLLOWING CONCESSION MAY BE GIVEN


- EXEMPTION FROM TAMIL / SECOND LANGUAGE
- EXTRA ONE HOUR FOR WRITING THEORY EXAM
- RELIEF OF A SCRIBE
- COVER FOR CORRECTING SPELLING MISTAKES AND GRAMMATIC ERRORS
- USING CALCULATOR.

1. This condition is progressive / Non-progressive / likely to improve / not likely to improve
Re-assessment is not recommended / is recommended after a period of months / years
(Five Months / years)

2. This condition is progressive / Non-progressive / likely to improve / not likely to improve
Re-assessment is not recommended / is recommended after a period of months / years
(Five Months / years)

(Signature and Seal of the Signatory of notary)
Dr. S. S. Rajath
INSTITUTE OF MENTAL HEALTH
Chennai - 600 015

Signature / Thumb Impression of the Person



Receiver Photo & Stamp board here



2.1.2 Average percentage of seats filled against seats reserved for various categories

Name of the student enrolled under Differently abled Category	Gender	Unique Disability ID Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
2020-2021						
Lakshmikanth	M	10471/RMB/KMCH/2020	Dyslexia	Nil	English	2020

REGIONAL MEDICAL BOARD - MEDICAL REPORT
Govt. Kilpauk Medical College Hospital, Chennai-10.

L. Dis. No. 10471/RMB/KMCH/2020 Dated: 21-01-2021

Mr. S.Lakshmikanth S/o.Senthil Ganesan is 19 years, residing at No:18/05, 3rd Street, Supraba Appartment, Santarapuram, Cholamadu, Chennai-94. As per the opinion of Professor and Head of the Department of Psychiatry, he is suffering from **Learning Disorder**


Identification Marks: 1. A Black mole on back side of pluck
2. A Black mole on upper abdomen.


OBSERVATION REPORT:
History, Psychological assessment and Psychiatric Evaluation reveal that he has **Learning Disorder**.


He is recommended the following concessions during examination.


1. Overlooking Spelling and Grammatical errors.
2. Additional time of One Hour for writing the examination.
3. Permission for use of Calculator.


This Certificate is Valid for Five Years

1. Dr.A.Senthilvel (Prof. of Urology) - Chairman 

2. Dr. Murugan, (Prof. of Dermatology)) - Member 

3. Dr.Ashok Victor. (Prof. of Cardiology) - Member 


DEAN
Govt. Kilpauk Medical College Hospital,
Chennai-10.


20-1-21