



P.K.M. COLLEGE OF EDUCATION

MADAMPAM, KAITHAPRAM P. O., KANNUR – 670 631

(Govt. Aided Teacher Education Institution affiliated to Kannur University)

Recognized by NCTE included under UGC 2(f) & 12(B) category

Accredited by NAAC with 'A' Grade, (Second cycle -4 point scale), RUSA 2.0 beneficiary

2.1.3 Percentage of students enrolled from EWS and Divyangjan categories during last five years

STUDENTS ENROLLED FROM DIVYANGJAN CATEGORY




Certificate of EWS and Divyangjan

Academic Year: 2018-19

Name of the Student: Harithamol P P

தமிழ்நாடு அரசு - தலைநகரம்
கல்வியியல் துறை
பின்புலம் - தலைநகரம்
பின்புலம் - தலைநகரம்

செய்துள்ள பின்புலம் - தலைநகரம்



Examined that we the members of the student Disability Assessment Board at Taluk Head Quarters Hospital, Taliparamba examined S/P Son Harithamol P.P Son of / daughter of Prabhakaran Age 27 Years residing at Kunnathur Patti Village Puyyavert Taluk Taliparamba on 30.5.18 and found that he/ She is Orthopaedics/ ENT/ Psychiatry/ Ophthalmic handicapped by Physis hundi Bi Curved greatly Bi Nystagmus (The Earliest Parameters) Temporary Disability is 100% (words Handicapped Person)

● belongs to MILD/ MODERATE/ SEVERE/ TOTAL Category


Identification marks -

1. Black mole lateral to left eye
2. Black mole on left upper chest

BOARD MEMBERS

	Specialist	Name, Designation & Reg No	Signature
1	Doctor-1	Dr. SEENA T.V. M.B.B.S. (M.D.) JULY 1982 - 17 TALUK HEAD QUARTERS	
2	Doctor-2	Dr. ARUN N. MD Asst. Consultant Psychiatrist Reg. No. 4345 TALUK HEAD QUARTERS	
3	Doctor-3	DR. ANITHA THARMAL M.B.B.S. (M.D.) ENTRANCE 1987 M.B.B.S. - 1988 TALUK HEAD QUARTERS	
4	Doctor-4	DR. ANITHA KOBAY M.B.B.S. (M.D.) JULY 1982 - 17 TALUK HEAD QUARTERS	

MILD	Less than 40%
MODERATE	40% and above
SEVERE	70% and above
TOTAL	100% Disabled



Principal
Dr. JESSY, N.C. College
P.K.M. College of Education
Mullamangalam, Kollamangalam P.O.
Kannur - 670 001

Dr. M. Pratheepan
Asst. Director, Higher Education
Tamil Nadu Government

Academic Year: 2020-21

Name of the Student: Jeena Sajith M

GOVERNMENT OF KERALA
KASARAGODE DISTRICT DISABILITY BOARD
CERTIFICATE FOR THE PERSONS WITH DISABILITIES

Certificate no: 2
Date: 28.6.20 Signature/Thumb Impression of the patient JSM

This is to certify that Shri/ Smt/ Kum JEENA SAJITH M, NIKKAR
Son/ Wife/ Daughter of siri Saji K. KUNN age 9 years old male/female
Registration no 225 is a case of pseudo arthrosis of Tibia/fibula joint
ankylosis of ankle & subtalar joint
He/She is Mental / Locomotor / Visual / Speech and Hearing disabled and has 50%
(Fifty Percent) Mental Retardation, Permanent Locomotor/ Visual/ Speech &
Hearing Impairment in relation to his/her (Lt) lower limb.

Note:

1. This condition is progressive/likely to improve/not likely to improve
2. Re-assessment is not recommended/recommended



- Strike out which is not applicable

This certificate is issued for the purpose of Identity card and financial aid

Identification Marks 1. A healed scar (L) forearm - upper 1/3
2. A healed scar lower leg

BOARD MEMBERS

Name of the Doctor	Designation and medical council Registration No	Department	Signature
Dr T K S Krishnan	Civil surgeon Reg No 9718	Psychiatry	
Dr Tressiamma Jose	Civil surgeon Reg No 9714	Ophthalmologist	
Dr M Padmanabhan	Assistant Surgeon Reg No 20198	Orthopedics	
Dr Nithyananda Babu	Assistant surgeon Reg No 18278	ENT	
Dr G Raju	Assistant surgeon Reg No 26932	Physical Medicine and Rehabilitation	


 


Office Seal

Dr T V Padmanabhan PRINCIPAL
Chairman P. K. M. COLLEGE OF EDUCATION
District Disability Board KATHAPURAM, P. O. MADAMPAM
Kasaragode

Academic Year: 2021-22

Name of the Student: Sruthi P V


 GOVERNMENT OF KERALA
 DEPARTMENT OF HEALTH SERVICES
GOVERNMENT DISTRICT HOSPITAL, KANNUR
CERTIFICATE FOR DIFFERENTLY ABLED
(To give the Rights of Persons with Disabilities Act 2016)


 Date: 11/10/2020

Certificate No: 150

This is to certify that we have carefully examined Sruthi P V

Sex: Female Occupation of Father: Chandran P P Date of Birth (DD/MM/YY): 21-10-2000 Age: 19 years


Main Family Residence: Palangattu Valappal Kuttuvu, Isalardafalam

Ward/Village/Post: Isalardafalam Post Office: Isalardafalam District: Kannur

☐ Physical disability as stated above, and I am satisfied that

☐ Mental/extent of permanent physical impairment/mental disability has been evaluated for the disabilities ticked below, and is shown against the relevant disability in the table below.

Sl No	Disability	Affected part of the Body	Diagnosis	Disability (%)	IQ
1	Locomotor Disability				
2	Muscular Dystrophy				
3	Leprosy Curd				
4	Dwarfism				
5	Central Palsy	Central Palsy	Cerebral Palsy	100%	
6	Acid Attack Victim	(A) Probable (B) Probable	Acid Attack		
7	Low Vision	Myopia	Myopia		
8	Blindness				
9	Deaf	(A) Deaf	Deafness		
10	Hard of Hearing				
11	Speech and Language Disability	Speechless			
12	Intellectual Disability				
13	Specific Learning Disability				
14	Autism Spectrum Disorder			Assigned True Copy	
15	Mental Illness				
16	Chronic Neurological Conditions				
17	Multiple Sclerosis				
18	Parkinson's Disease				
19	Hemophilia				
20	Thalassemia				
21	Sickle cell Disease				


Attested True Copy
 Date: 11/10/2020
 Signature: _____
 Designation: _____

Academic Year: 2022-23

Name of the Student: Nirmal John

GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH SERVICES
MEDICAL BOARD CONSTITUTED BY DISTRICT MEDICAL OFFICER
(Constituted as per GO (p) No.202/2009/1&FWD Dtd. 26-06-09)

Appl. No. 358873 Date: 7-11-2020


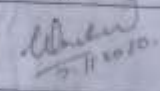
CERTIFICATE FOR THE PERSONS WITH DISABILITIES


This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer Thalassery / Superintendent, Medical college Hospital, examined Shri/Smt/Kumari Nirmal John Aneethadom (House) Vozhodu Po Anthalamandy (name and Address of the applicant) aged 13 yrs on 7-11-2020 (date). He/She is having 40 % (FOA 20) in words of Permanent / Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation / Mental Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to 6A LL - Congenital Talipes Equinovarus - Bilateral


- This disability is classified as * mild / moderate / severe / profound / total.
- This condition is * progressive / likely to improve / not likely to improve.
- Reassessment is * not recommended / recommended after a period of _____ months / years.

* Strike out which ever is not applicable

Identification marks of the applicant: Scar on left eye lid
Black hole right forearm

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	DR. VEETIN T. P. P M.D. (Ophthalmology) Reg. No. 21865 District Medical Consultant General Medicine & Ophthalmology District Hospital Thalassery	 7/11/20
2	Doctor 2	DR. VEETIN T. P. P P. Ophthalmologist R. G. No. 2097 CHRISTIAN HOSPITAL THALASSERY	<u>Dr. SV-AD</u> 7/11/20
3	Chairman	DR. V. SANKARANARAYANAN Ophthalmologist EYE SPECIALIST District Hospital Thalassery	 7/11/20

Signature / Thumb impression of patient: 


 PRINCIPAL
 P.M. COLLEGE OF EDUCATION
 BATHAMUNDA P. O., MADRASAPPA
 ERANDIYURU, MANGALAM