



RAISONI GROUP
— a vision beyond —

G.H. RAISONI COLLEGE OF ARTS, COMMERCE & SCIENCE

Gat No. 1200, Domkhel Road, New Wagholi, Tah.: Haveli, Pune - 412 207. INDIA
Tel.: +91-20-27052811/13/14, Fax : +91-20-27052812, E-mail : ghrcacs.pune@raisoni.net Web : www.raisoni.net

2.2.3 Percentage of differently abled students (Divyangjan) on rolls

Name of the student enrolled under Differntly abled Cateogryunder Differntly abled Cateogry	Gender	Unique Disability ID (UDID) Card Number	Type of Disability	Percentage of Disability	Program enrolled	Year of Enrolment
Shetiya Divya Rahulkumar Pratiksha	Female	PI52100311654	Physical Impairment	63%	B.Com	2018-19



True Copy

Deekhande

Principal

G. H. Raisoni College of
Arts, Commerce & Science,
Wagholi, Pune- 412 207.

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

Sassoon Hospitals, Pune
(Maharashtra, India)

Certificate Number: 221670

Date: 21/10/2015

This is to certify that I have carefully examined.

Person Identification Number: **PI52100311654**

Aadhar Number: N/A

Shri/Smt./Kum: **SHETIYA DIVYA RAHULKUMAR PRATIKSHA**

Father Name: Shri/Smt./Kum. **RAHULKUMAR**

Date of Birth (dd/mm/yyyy): **25/6/2000**

Age: **15 years**

Gender: **Female**

Permanent Address:

House Address: **A/P-WAGHOLI TAL-HAVELI**

Village: **Wagholi**

Taluka: **Haveli**

District: **Pune**

Pincode: **412207**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Bil. L/L	Saccrocygeal teratoma with rt ddh post op	63

1. The Above condition is **Permanent, non-progressive, not likely to improve**
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: **Aadhar Card**
4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

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

DR. PRAVIN V. LONDHE
 Assistant Professor of Orthopedics
 Dept. OF ORTHOPAEDICS
 S.J.M.C. & P.G.H. PUNE
 Member
 Regn. No.: 2009/04/1737

Dr. Swaranjali Shewale
 Resident Medical Officer
 Sassoon General Hospital
 Member Secretary
 Regn. No. : 2014/04/1516

Dr. Ajay A. Taware
 Medical Superintendent and
 Chairman, Dis. Bd.
 President
 Reg. No. : 2001/01/298
 Superintendent
 Sassoon General Hospital Pune.

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.



True Copy

Principal
 G. H. Raison College of
 Arts, Commerce & Science,
 Wagholi, Pune- 412 207.