



DUSHALI MEHTA

31-01-2021



[Print this page](#)

Brought to you by National Informatics Centre

CENTRAL BOARD OF SECONDARY EDUCATION
Secondary School Examination (Class X) 2023

Roll No: 26138352
Candidate Name: DUSHALI MEHTA
Mother's Name: PRIYA MEHTA
Father's Name: HUNNY MEHTA
Date of Birth: 24/10/2007
School's Name: HOLY CONVENT VIKAS NGR HASTSAL RANHAULLA RD N D

SUB CODE	SUB NAME	THEORY	I.A / PRACTICAL	TOTAL	POSITIONAL GRADE
184	ENGLISH LNG & LIT.	044	019	063	C2
002	HINDI COURSE-A	043	020	063	C2
041	MATHEMATICS STANDARD	021	019	040	D1
086	SCIENCE	023	020	043	D1
087	SOCIAL SCIENCE	023	020	043	D2
ADDITIONAL SUBJECT					
122	SANSKRIT	039	019	058	C2
Result : PASS					

GURU GOVIND SINGH GOVERNMENT HOSPITAL

Raghubir Nagar, New Delhi-110027

(Other than those mentioned in form II and III)

Government of India

CERTIFICATE NO. 9956/17
Cr NO- 1011700560436

(See rule - 4)

Date:



This is to certify that **Mrs. Priya Mehta**, Age 33 Years/Female, W/o **Sh. Hunny Mehta** R/o. **B- 6, Anand Vihar Uttam Nagar West Delhi-110059**. Photograph is affixed above, and board is satisfied that **She/He** is case of as mentioned in the table **Her/His** Disability is 91%(in figure) **Ninety One Percent Her/His** extent of physical impairment/disability has been evaluated as per Disability guidelines and is shown against the relevant disability in the table below:

S. No.	Disability	Part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability			
2.	Low Vision			
3.	Blindness			
4.	Hearing Impairment	Hearing & Speech Disability	Hearing & Speech Disability	91%() Ninety One) Permanent Hearing & Speech disability relation both ear
5.	Mental Retardation			
6.	Mental - illness			

1. The above condition is ~~progressive~~ / Non-progressive / ~~likely to improve~~ / not likely to improve.

2. Reassessment of disability is:

(i) Not necessary

OR

(ii) is recommended after 1 Years 1 Months, and there fore this certificate shall be valid till _____ (DD) _____ (MM) _____ (YY)

@ e.g Left/Right/Both Arms/Legs

e.g Single Eye/Both Eyes

Left/Right/Both Ears

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

Nature of Document	Card No.	Details of authority issuing certificate
Copy of Aadhar Card No	500523376420	Government of India

[Signature]

MEMBER

Dr. NANI DUMI

Specialist (Ent)

G.G.S. Govt. Hospital, Raghbir Nagar,
Govt of NCT, Delhi-27

MEMBER

[Signature]

MEMBER SECRETARY

Staff Surgeon
G.G.S.G. Hospital, Raghbir Nagar,
Govt. of NCT, Delhi

[Signature]

Signature/ Thumb impression
of the patient

[Signature]
Counter Signed by the
Medical Superintendent/ CMO/ Head
of the Hospital (With Seal)

Medical Superintendent
Gurgaon District Govt Hospital
Govt. of Delhi
Raghbir Nagar, New Delhi-110029

आपका **आधार** क्रमांक / Your **Aadhaar** No. :

9515 1574 0653

आधार — आम आदमी का अधिकार



भारत सरकार

GOVERNMENT OF INDIA



दुशाली मेहता

Dushali Mehta

माता : प्रिय मेहता

Mother : Priya Mehta

जन्म वर्ष / Year of Birth : 2007

महिला / Female

9515 1574 0653



आधार — आम आदमी का अधिकार