



ఆంధ్రప్రదేశ్ ప్రభుత్వం

గ్రామ - వార్డు సచివాలయ శాఖ

Government of Andhra Pradesh

APESD



CERTIFICATE FOR PERSON WITH DISABILITY

Issued by the authority vide G.O.No.35 HEALTH, MEDICAL AND FAMILY WELFARE (A) DEPARTMENT dt.10.04.2018



Medical Board: Area Hospital, Gudiwada

ID No.of Person with Disability: 06034280040304129

Date of Issue: 10/02/2022

- This is certified that Shri Juvvanapudi Babu, S/o Subbarao, Male, age 20 years, resident of H.No.#14-3, Vuyyuru 3 Habitation, Vuyyuru Village, Vuyyuru Mandal, Krishna District, is suffering from Permanent disability of the following category:-
Physical(Locomotor/Orthopaedic) Disability.
The disability is in relation to his : All 4 Limbs, Impaired reach.
- Sub-type of disability :Muscular Weakness.
Cause of Disability : Congenital. Re-assessment of this case is not recommended.
- Percentage of disability in his case is 83% [Eighty Three percent]. He meets the following physical requirements for discharge of his duties. F-can perform work by manipulating with fingers, 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, RW-can perform work by reading and writing.
- Identification Marks of Person with Disability:-
a) A MOLE ON THE CHEST.
b) A MOLE ON THE LEFT LEG.

Signature

Dr.BALLANAGA VENKATA JAY

MS(ortho)

Civil Assistant Surgeon

Regn.No : 58345

Signature

Dr.G.Malleswaramma

MBBS,BNB(FM)

Civil Assistant Surgeon

Regn.No : 48869

Signature

Dr.S.Indira Devi

MD,DA

Chairman, Medical Board

Regn.No : 20829

Signature valid

Digitally signed by
INDIRA DEVI SEVA
Date: 2022.02.11
12:59:10 IST



A.G & S.G Siddhartha Degree College of Arts and Science (Autonomous), Vuyyuru

Reaccredited at 'A' level by NAAC

SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. J. Babu
eligible candidate for the I Semester with CIA and SEE
examination and Shri/Smt/Kum. P. Hema eligible writer
(scribe) for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her as per own choice.
The candidate is blind/low vision or affected by cerebral palsy with loco-motor impairment and his/her writing speed is affected and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph above.

P. Hema
Signature of the Scribe

J. Babu
Signature of the Candidate

Regd No: 2121132

N. V. Srinivasan
Controller of Examinations
A.G & S.G. Siddhartha Degree College
(Autonomous)
VUYYURU-521165.

[Signature]
Chief Superintended
Principal
AG & SG Siddhartha Degree College
of Arts & Science (Autonomous)
VUYYURU-521 165

A.G & S.G Siddhartha Degree College of Arts and Science (Autonomous), Vuyyuru

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SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. J. Babu
eligible candidate for the II Semester with CIA and SEE
examination and Shri/Smt/Kum. T. Priyanka eligible writer
(scribe) for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her as per own choice.
The candidate is blind/low vision or affected by cerebral palsy with loco-motor impairment and his/her writing speed is affected and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph above.

T. Priyanka.
Signature of the Scribe

J. Babu
Signature of the Candidate

Regd No: 2121132

N. V. Seivana
Controller of Examinations
Controller of Examinations
A.G & S.G. Siddhartha Degree College
(Autonomous)
VUYYURU-521165.

Chavva
Chief Superintended
Principal
AG & SG Siddhartha Degree College
of Arts & Science (Autonomous)
VUYYURU-521 165



Government of Andhra Pradesh
CERTIFICATE FOR PERSON WITH DISABILITY

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

Medical Board: District Headquarter
Hospital, Machilipatnam

ID No.of Person with
Disability: 06084290100110058

Date of Issue: 13/08/2015

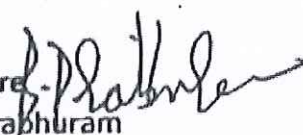



- This is certified that Shri Sonti Aruna Kumar , S/o Venkateswararao , Male, age 12 years, resident of H.No.# 5-53-B, Hanumanthapuram Habitation, Hanumanthapuram Village, Pamidimukkala Mandal, Krishna District, Is suffering from Permanent disability of the following category:-
Mental Retardation (Severe).
IQ= 25(Twenty Five)

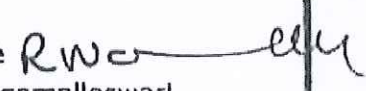
Cause of Disability : Congenital,BirthAsphyxia.

- Re-assessment of this case Is not recommended.
- Percentage of disability in his case Is 90% [Ninety percent].
- Identification Marks of Person with Disability:-
 - A Mole On The Left Ring Finger .
 - A Mole On The Right Of The Chest .

Signature/Thumb Impression
of Person with Disability

Signature 
Dr. B.Prabhuram
Designation: Psychiatrist,DH.
MTM
Regn.No : 56143

Signature 
Dr. M.Jaya Kumar
Designation: Suptt.
Dist. Hospital,
Regn.No : 40744

Signature 
Dr. R. Nagamalleswari
Designation: DCHS
Regn.No : 16025

CHAIRMAN

Dist. Medical Board

Dist. Hospital, Machilipatnam

Note: This Is not valid for Medical-Legal cases.



A.G & S.G Siddhartha Degree College of Arts and Science (Autonomous), Vuyyuru

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SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. S. Arun Kumar
 eligible candidate for the II Semester
 examination and Shri/Smt/Kum. P. Sireesha eligible writer
 (scribe) for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her as per own choice.
 The candidate is blind/low vision or affected by cerebral palsy with loco-motor impairment and his/her writing speed is affected and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph above.

P. Sireesha
 Signature of the Scribe

S. Arun Kumar
 Signature of the Candidate

Regd No: 2121103

N.V. Srinivasan
 Controller of Examinations
 Controller of Examinations
 A.G&S.G.Siddhartha Degree College
 (Autonomous)
 VUYURU-521165.

Chaitanya
 Chief Superintended
 Principal
 AG & SG Siddhartha Degree College
 of Arts & Science (Autonomous)
 VUYURU-521 165

A.G & S.G Siddhartha Degree College of Arts and Science (Autonomous), Vuyyuru

Reaccredited at 'A' level by NAAC

SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. J. Babu
eligible candidate for the III Semester with CIA and SEE
examination and Shri/Smt/Kum. T. priyanka eligible writer
(scribe) for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her as per own choice.
The candidate is blind/low vision or affected by cerebral palsy with loco-motor impairment and his/her writing speed is affected and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph above.

T. Priyanka.

Signature of the Scribe

J. Babu

Signature of the Candidate

Regd No: 2121132

N.V. Srinivasan
Controller of Examinations
Controller of Examinations
A.G&S.G.Siddhartha Degree College
(Autonomous)
VUYYURU-521165.

[Signature]
Chief Superintended
Principal
AG & SG Siddhartha Degree College
of Arts & Science (Autonomous)
VUYYURU-521 165

A.G & S.G Siddhartha Degree College of Arts and Science (Autonomous), Vuyyuru

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SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. S. Arun Kumar
eligible candidate for the II Semester
examination and Shri/Smt/Kum. S. Yugandhar Babu eligible writer
(scribe) for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her as per own choice.
The candidate is blind/low vision or affected by cerebral palsy with loco-motor impairment and his/her writing speed is affected and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph above.

S. Yugandhar Babu
Signature of the Scribe

S. Arun Kumar
Signature of the Candidate

Regd No: 2121103

N.V. Srinivasan
Controller of Examinations
Controller of Examinations
A.G & S.G. Siddhartha Degree College
(Autonomous)
VUYYURU-521165.

[Signature]
Chief Superintended
Principal
AG & SG Siddhartha Degree College
of Arts & Science (Autonomous)
VUYYURU-521 165



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం
Government of Andhra Pradesh



CERTIFICATE FOR PERSON WITH DISABILITY

Issued in pursuance of authority vide G.O.Ms.No.35 HEALTH, MEDICAL AND FAMILY WELFARE, GOVT. PAST MEDICAL D. 18/09/2018

GWSO 57307853



Medical Board: CHC, Vuyyuru

ID No of Person with Disability: 06190040104000002

Date of Issue: 30/09/2022

This is certified that Smt Ogirala Bhanu Venkata Akhil, S/o Ogirala Ganesh, Male, age 21 years, resident of H.No.#2-125, North Valluru Habitation, North Valluru Village, Thottavalluru Mandal, Krishna District, is suffering from Permanent disability of the following category:-

Physical(Locomotor/Orthopaedic) Disability.

The disability is in relation to his : Bilateral Lower Limb. Impaired reach.

Sub-type of disability : Cerebral Palsy (CP).

Cause of Disability: Congenital. Re-assessment of this case is not recommended.

Percentage of disability in his case is 84% (Eighty Four percent).

Identification Marks of Person with Disability:-

- a) A MOLE ON THE RIGHT HAND .
- b) A MOLE ON THE UPPER LIP .



Signature

Signature

Signature

Dr. A B S Srinivasa Rao

Dr. K. NagaSawaropa

Dr. D. Aswini

MD, Ortho

MBBS MD Anesthesia

DGH

Civil Surgeon Specialist

Civil Assistant Surgeon

Chairman, Medical Board

Regn.No : 47087

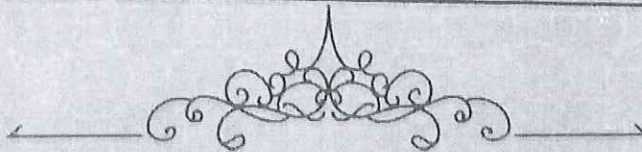
Regn.No : 68556

Regn.No : 80044

Signature Not Verified

Digitally signed by
ASWINI DEVADI
Date: 2022.09.30
17:01:40 IST

GWS



Note: This is a Digitally Signed Certificate, does not require physical signature. And this certificate can be verified at www.gramawardsachivalayam.ap.gov.in by furnishing the application number mentioned in the Certificate

A.G & S.G Siddhartha Degree College of Arts and Science (Autonomous), Vuyyuru

Reaccredited at 'A' level by NAAC

SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. O. Bhanu Venkata Akhil.
eligible candidate for the VI Semester
examination and Shri/Smt/Kum. K. Siva Rama Krishna eligible writer
(scribe) for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her as per own choice.
The candidate is blind/low vision or affected by cerebral palsy with loco-motor impairment and his/her writing speed is affected and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph above.

K. Siva Rama Krishna.

Signature of the Scribe

O. B. V. Akhil

Signature of the Candidate

Regd No: 2052835

N. V. Srinivasan
Controller of Examinations
Controller of Examinations
A.G & S.G Siddhartha Degree College
(Autonomous)
VUYYURU-521165.

VW
Chief Superintended
Principal
AG & SG Siddhartha Degree College
of Arts & Science (Autonomous)
VUYYURU-521 165