



St. Joseph College of Teacher Education for Women Ernakulam



CRITERIA II

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

Submitted to
**National Assessment and Accreditation Council (NAAC)
3rd Cycle of Assessment**



ST. JOSEPH COLLEGE OF TEACHER EDUCATION FOR WOMEN ERNAKULAM
KOCHI-682035, KERALA

CERTIFICATE OF EWS AND DIVYANGJAN FOR THE YEAR 2019-2020

Sl.No	Name of Student	Programme	EWS/Divyangjan	See page No.
1	Mariya Jesleena	B.Ed	Divyangjan	1
2	Mary Nivitha Bivera	B.Ed	Divyangjan	2
3	Preetha TP	B.Ed	Divyangjan	3

FORMAT OF THE CERTIFICATE FOR PERSONS WITH DISABILITY (PwD)

Name and address of the Institute/Hospital: General Hospital
Certificate No.: CS: 1778/19
Date: 22/02/2019

This is to certify that Shri/Smt./Kumari* Kariya Jesbena Martin
son/daughter* of Martin C.S Age 23 years, Registration
No. _____ is a case of Locomotor disability/ Cerebral Palsy/ Blindness/Low vision/
Hearing impairment/ Other disability* and has been suffering from degree of disability not less than 40 %
(Perlg). The details of his/her above mentioned disability is described below:

- (IN CAPITAL LETTERS)
- 1) Absent left four fingers (except thumb)
 - 2) Absent big toe and 2nd toe of left foot, 3rd toe partially absent
 - 3) Right foot -> big toe and second toe completely absent

Note:-
1. This condition is progressive/non-progressive/likely to improve/not likely to improve.*
2. Re-assessment is not recommended/is recommended after a period of 5 years months/years.
3. The certificate is issued as per PWD Act, 1995.

* Strike out which is not applicable.

Sd/- Dr. K. VALSALAKUMARI
(DOCTOR) Sc, MBBS, D. Ortho.
Seal Reg No: 16412
Consultant Orthopaedic Surgeon

Sd/- Dr. Hansash M.M.
(DOCTOR) Seal
Junior Consultant ENT
Reg. No: 22112
General Hospital, Ernakulam

Sd/- Dr. Anitha A
(DOCTOR) Seal
Jr. Consultant
General Hospital, Ernakulam

Signature/Thumb impression of the patient [Signature]

Countersigned [Signature]
Medical Superintendent/CMO/Head of Hospital (with seal)
Dr ANITHA.A MBBS, MPH (SCTIMST)
Reg No 18169

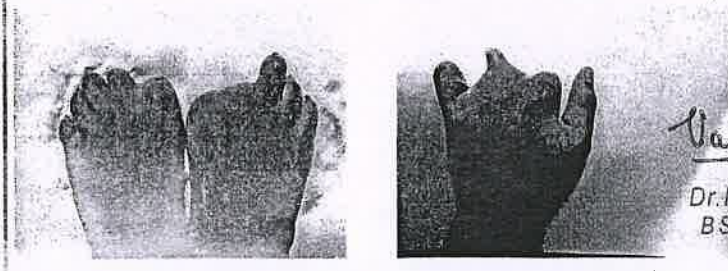


Photo attested [Signature]
Dr. VALSALAKUMARI
BS, MBBS, D. Ortho.
Consultant Orthopaedic Surgeon



0/11/19



DISTRICT MEDICAL BOARD ERNAKULAM

DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSON

(Vide Government of India, Ministry of Welfare)

Lr. N: A2.83, New Delhi Dated: 06-03-1996

Nivitha

Dated: 16/05/19.

No. *CA 1102/19.*

Signature/Thumb impression of Patient :

Sri/Smt/Master / Kumari *Mary Nivitha Rivera*

aged *23* years residing at *Thekkumpiraath (H)*

Kanattu Road, Thevara, P.O, Ernakulam.

whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the *16th* of *May* 2019, and we find that *he*/she is suffering from *Eth's palsy (R)*

and hence *he*/she is locomotor/visually/speech and hearing/mentally/multiple handicapped and the resultant permanent/~~Temporary~~ disability is assessed to be *40%* (*Posty percentage only*) and come under *Moderate* category.

The certificate issued by the Medical Board shall make this person eligible under schemed of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also ~~valid for 3 years~~ unless otherwise specified. This certificate is not valid for legal purpose

Board Members

Sl. No.	Name	Designation	Department	Signature
1.	Dr. C.K. MANOJ	Orthopaedician	Orthopaedics	<i>[Signature]</i>
2.	Dr. BINDHU G.S.	Physiatrist	PMR	<i>[Signature]</i>
3.	Dr. ANIL KUMAR	ENT Surgeon	ENT	<i>[Signature]</i>
4.	Dr. PYARY JOSEPH	Psychiatrist	Psychiatry	<i>[Signature]</i>
5.	<i>Dr. Rajendran</i>	Ophthalmologist	Ophthalmology	<i>[Signature]</i>



Signature : *[Signature]*

Name : ANITHA.A
Chairman & Superintendent



Alice Joseph
Dr. Alice Joseph
Principal in Charge
St. Joseph College of Teacher Education for Women, Ernakulam



DISTRICT MEDICAL BOARD ERNAKULAM

DISABILITY CERTIFICATE FOR PHYSICALLY HANDICAPPED PERSON

(Vide Government of India, Ministry of Welfare)

Lr. N: A2.83, New Delhi Dated: 06-03-1996

Eye

No. 3358/03

Dated: 18/12/05

Signature/Thumb impression of Patient

Sri/Smt/Master / Kumari

Handwritten signature: T.P.

aged 19 years residing at *Handwritten address: ...*

whose thumb impression/Signature is given has been examined by the DISTRICT DISABILITY ASSESSMENT Board for handicapped on this day the 18th of December 2005, and we find that he/she is suffering from *Corneal Blindness BEUA*

and hence he/she is locomotor/visually/ speech and hearing/mentally/ multiple handicapped and the resultant permanent/Temporary disability is assessed to be 100% (One hundred percent) and come under Severe category.

The certificate issued by the Medical Board shall make this person eligible under schemed of Government or Government organisations, subject to such conditions as Central or State Government may impose. This certificate is also valid for 3 years unless otherwise specified. This certificate is not valid for legal purpose

Board Members

Sl. No.	Name	Designation	Department	Signature
1.	<i>Dr. Babu. U.S.</i>	Orthopaedician	Orthopaedics	<i>Handwritten signature</i>
2.	<i>Dr. ARUVI T.P</i>	Physiatrist	PMR	<i>Handwritten signature</i>
3.	<i>Dr. Anand Kumar AR</i>	ENT Surgeon	ENT	<i>Handwritten signature</i>
4.	<i>Dr. Anamma George</i>	Psychiatrist	Psychiatry	<i>Handwritten signature</i>
5.	<i>Dr. M.P. Tony</i>	Ophthalmologist	Ophthalmology	<i>Handwritten signature</i>

Handwritten signature: Alice Joseph
Principal in Charge
St. Joseph College of Education



(Seal)

Signature

Name

Handwritten signature: Roy Sebastian

Handwritten name: Dr. Roy Sebastian

Chairman & Superintendent, Dist. Hospital

Large handwritten signature