

To,
The Principal Sir,
MET's Institute of Pharmacy,
Nashik.

Respected Sir,

I am Aishwarya Sushant Lad
from First Year B.Pharm Div-A. This application
is for request to permit me extra time
during second sessional exam.

This is because I am suffering
from an Autoimmune Disorder: Overlap Disease
which has problem of Rheumatoid Arthritis.

Because of having severe pain in my
joints, I am unable to complete my papers
in time. So please allow me to write
papers for more 10 minutes.

Thank you.

Yours sincerely,
Sir.

Aishwarya S. Lad

Allowed


1/4/19

डॉ. सौ. विजया साकळे

एम. बी. बी. एस.

स्त्री व बालरोग चिकित्सक

रजि. नं. ५२१२६



डॉ. उल्हास साकळे

एम. बी. बी. एस.

फॅमिली फिजिशियन

रजि. नं. २०१२/०५/११३५

२९/११/१८

This is to certify that
Miss Arshwarya Lad is suffering
from severe arthralgic pain,
(severe joint pain both hands)
a autoimmune disease & is
under treatment of Jaslok Hospital
Mumbai. This condition is very
painful for fingers & if possible
you can allow her to move time for
her writing exam. papers.

Dr. U. S. SAKALE

M.B.B.S., M.E.R.I. N. & K.

Reg. No. 2012/05/1135

हॉस्पिटल : साकळे हॉस्पिटल, पोकार कॉलनी, आरटीओ कॉर्नरजवळ, दिंडोरी रोड, नाशिक. फोन : 0253-2308361

क्लिनिक : डॉक्टरांचे क्वार्टर्स, मरी कॉलनी, शॉपिंग सेंटर जवळ, दिंडोरी रोड, नाशिक. फोन : 0253-2308360

मा.
प्रान्तरी खोद्य.

भुजस्य नॉलेन विद्ये.
डुंनडुंन कौंउ फुंनडी
नारिडि आंन केवेडी.

अजदार्: मेवडे अनिल नारिडि

निषय :- 21 मर (मदतगण) देगे वान -

महाशय,
मी अजदार् विंगी अरुनरुनी शी मारुनी
मुळगी नारे - भावन। अनिल नयेवेले हिचरी परीक्षा
आहे. परंतु मागचा व लिखा अपघात आल्माकुच
लिका येवर विदेपिमाण 21 मर (मिनावा) हर
विंगी

भावना शी पावड

Forwarded to
respected principal
RABHARAV
plz permit
21/12/18

मा.
अनु नारि काशीनाथ

Allow / check medical
certificate
13/12/18

Government of Maharashtra
Form-IV

Disability Certificate

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

PI-4987
19/01/2018



NAME OF THE HOSPITAL:

District Hospital, Nashik
(Maharashtra, India)

Certificate Number: 490968

Date: 19/01/2018

This is to certify that I have carefully examined.

Person Identification Number: *P151600674118*

Aadhar Number: N/A

Shri/Smt./Kum: *YEOLE BHAVANA ANIL SUNITA*

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

Date of Birth (dd/mm/yyyy):

Age: *23 years*

Gender: *Female*

Permanent Address:

House Address: *n53 vf2/9/9 near swadhya kendra patil ngr trimurti chuk nsk cidco nsk*

Village: *Nashik*

Taluka: *Nashik*

District: *Nashik*

Pincode: *000000*

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	<i>Lt. U/L, Lt. L/L</i>	<i>Lt. side Hemiplegia</i>	<i>50</i>

1. The Above condition is **Temporary, non-progressive, likely to improve**

2. Reassessment of disability is recommended/ after **3 years**, and therefore this certificate shall be valid till (DD / MM / YYYY) *19/01/2021*

3. The applicant has submitted following documents as proof of residence: **Aadhar Card, Ration card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

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

G.V. Chevale
Dr. G. V. Chevale
Physician Class-I
Member

Regn. No. : 62756

G. S. Patil
Dr. G. S. Patil
General Surgen (M.S.) Class- I
Member Secretary

Regn. No. : 50899

S. P. Jagdale
Dr. S. P. Jagdale
Civil Surgeon
President

Regn. No. : 52118

M. M. & H. S. CL-I (Class) ADDL. CIVIL SURGEON, NASHIK
Signature/Thumb impression of the person whose favour disability certificate is issued

CIVIL SURGEON, NASHIK.

Note: This is not valid for Medico Legal cases.



GOKHALE EDUCATION SOCIETY'S
H.A.L. HIGH SCHOOL & Jr. COLLEGE OZAR T/S
IBO - 9001 - 2006 (Certified) (02510) - 278887

YEAR : 2018 - 2017 - 2018

Reg.No. - **11356**



NAME : **TIDKE HARSHADA VILAS**

CLASS : **XI - XII - Sci**

ADDRESS : **H.A.L. Jr. COLLEGE,
OZAR TOWNSHIP.**

PRINCIPAL