



**ST. THOMAS COLLEGE
OF TEACHER EDUCATION, PALA**
ESTD. 1957

2.1.3 PERCENTAGE OF STUDENTS ENROLLED FROM EWS AND DIVYANGJAN CATEGORIES DURING LAST FIVE YEARS

A) 2.1.3 CERTIFICATES OF EWS AND DIVYANGJAN

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ST. THOMAS COLLEGE OF TEACHER EDUCATION

PALA - 686 575, KOTTAYAM (DT.) KERALA STATE

Re-accredited at A Grade by NAAC


E-mail: stcepala@gmail.com

Website: <http://stcte.ac.in>

B.Ed. 2022-2023 - Divyangjan Category

Sl.No.	Reg.No.	Name	Sub	Category	Remarks
1.	223240112085	Jeffin Jose James	PS	Blind	




Prof. Dr. BEENAMMA MATHEW
PRINCIPAL
ST. THOMAS COLLEGE OF
TEACHER EDUCATION
PALA



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India
Acknowledgement / Resident Copy

Enrolment No : 3209/00000/2205/2507835

Date : 30/05/2022 18:06:16

Name, Address and other details

Jeffin Jose James (Male)
James Mathew (Father)

പേര്, വിഭാഗം, മറ്റ് വിശദാംശങ്ങൾ
ജേഫിൻ ജോസ് ജെയിംസ് (ആൺ)
ജെയിംസ് മാത്യു (പിതാവ്)

Puliyanthadathil (h), Thattarathatta(po), Karimkunnam,
Karimkunnam, Karimkunnam, Idukki, Kerala - 685586

പുളിയാന്തടത്തിൽ, തട്ടാരത്തട്ട, കരിംകുന്നം, Karimkunnam,
Karimkunnam, Idukki, Kerala - 685586



Date of Birth : 23/12/2001

Mobile : 7306340722

Age : 20 Year(s)

Email : jeffinpuliyam23@gmail.com

Address Proof Document : Aadhaar card
ID Proof Document : Aadhaar Card

For enquiry, please contact :

<https://www.swavlambancard.gov.in>

1) - dmohik@gmail.com
2) - mrl.ndkm@gmail.com

MO Address: 1) - DMO OFFICE IDUKKI
2) - THQH Nedumkandam

This is computer generated receipt and does not require any signature.



Prof. Dr. BEENAMMA MATHEW
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TALUK HEAD QUARTERS HOSPITAL, THODUPUZHA

CERTIFICATE ISSUED BY MEDICAL BOARD

[G.O (P) 161/97, H & FWD, Dt. 15-0597]

CERTIFICATE

No. 392/08

Jeffin

Signature / Thumb impression

This is to certify Jeffin Jose James Puliyamthodathil
aged 6 years residing at Thattarachatta P.O

whose signature/thumb impression above has been examined by the Medical Board today and we found that he/she is suffering from

Bilateral Aphakia; Nystagmus
- [Congenital Cataract] & strabismic diplopia done

We certify that he/she is a ~~Locomotor~~/Visual/Speech and hearing/Mental/Handicapped and the resultant permanent disability is assessed to be 50% & (Fifty percentage) and comes under the category ~~Mild/Moderate / Severe / profound~~

Identification marks
1. A wound scar on left cheek.
2. A black mole on the (R) lower limb below knee joint

Speciality	Name and designation	Signature
1. Orthopaedics	Dr. TAGI K. THOMAS M.B.B.S. D. Ortho Orthopaedic Surgeon	<i>[Signature]</i>
2. E.N.T.		
3. Ophthalmology		<u>Maghalyan</u>
4. Physician		

Thodupuzha
Date: 17/7/08



Beena
Prof. Dr. BEENAMMA MATHEW
PRINCIPAL
ST. THOMAS COLLEGE OF
TEACHER EDUCATION
PALA

Superintendent &

Chairman of the Medical Board

Superintendent & Chairman
Medical Board
THQH, Thodupuzha



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B.Ed. 2021-2022 - Divyangjan Category

Sl. No.	Reg.No.	Name	Sub	Category	Remarks
1.	213240112069	Minu Maria Thomas	EG	PD	
2.	213240112082	Aleena Jose	PS	PD	
3.	213240112085	Irene Ann George	PS	PD	




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GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH SERVICES
MEDICAL BOARD CONSTITUTED BY DISTRICT MEDICAL OFFICER
 (Constituted as per GO (p) No.202/2009/H&FWD Dtd. 26-06-09)

Appl: No. PIA/212/79/2017

Date: 13/02/2017

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that the Medical Board constituted as certification authority for persons with Disabilities by the District Medical Officer PATHANAMTHITTA / superintendent, Medical college Hospital, examined Shri/Smt/Kumar/

Master MINI MARIA THOMAS ; CHIRAYIL ; VENKURINTI (PO) MUKKOOTUTHARA VECHOCHURA - 686510 (name and Address of the applicant) aged 18 yrs

on 13/02/2017 (date). He/She is having 60 % (Sixty in words) of Permanent / Temporary / Locomotor / Visual / Speech & Hearing / Mental Retardation /

Mental Impairment / autism / Cerebral Palsy / Leprosy cured / Multiple disability in relation to his/her Post infective demyelination; Limb length discrepancy; Hemiparesis, Spinal deformity

1. This disability is classified as * mild / moderate / severe / profound / total.
2. This condition is * progressive / likely to improve / not likely to improve.
3. Reassessment is * not recommended / recommended after a period of N/A months / years.

* Strike out which ever is not applicable
 Identification marks of the applicant. 1. Black mole lowest lip
2. Black mole (L) Palm

Sl. No.	Doctors	Name, Designation, Reg. No (Seal)	Signature with date
1	Doctor 1	Dr. Jose Thomas D.Ortho. MB (Ortho.) Junior Consultant in Orthopaedic Surgery Reg. No. 38326 Kerala Health Services MCCM TALUK HEAD QUARTERS HOSPITAL, PANNY - 686 672	 13/02/17
2.	Doctor 2		 13/2/17
3	Chairman		 12/2/17

Signature / Thumb impression of patient.



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*As per guideline SO76(E) dated 5-1-18 Govt. of India based on RPWD Act 2016 and RPWD Act Rules 2017

Form - VII
CERTIFICATE OF DISABILITY*
 (In case other than those mentioned in Forms V and VI)
 [See rule 18 (1)]
GENERAL HOSPITAL, KOTTAYAM



[Signature]

SL No - 23

Certificate No. D₁-144/2022 . UH . KTM Dated 6-01-2022 Dr. RAJ EKRISHNAN
 This is to certify that we have carefully examined Shri/Smt./Rm. Aleena Jose Manianganattu (H) Manalunkal P. P. Poovalappu daughter of
 Shri Jose Thomas Date of Birth (DD/MM/YY) 10/09/1997 age 24 Years.
 Male/Female Female

Registration No. 06 permanent resident of House No. 156 Ward/Village/Street
Manalunkal District Kottayam State Kerala

whose photograph is affixed above and am satisfied that : and am satisfied that he/she is a case of
Idiopathic disability. His/her extent of permanent physical impairment/disability has
 been evaluate as per guideliness (* number and date of issue of the guideliness to be specified) and is shown
 against the relevant disability in the table below:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	£		
8.	Hard of hearing	£		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological conditions	Central nervous system.	Congenital L hemiparesis	50% (Right)
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)



[Signature]
Prof. Dr. BEENAMMA MATHEW
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2. The above condition is progrressive/non-Progressive/likely to improve
 3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended /after2.....years0.....months, and therefore this certificate shall be valid till



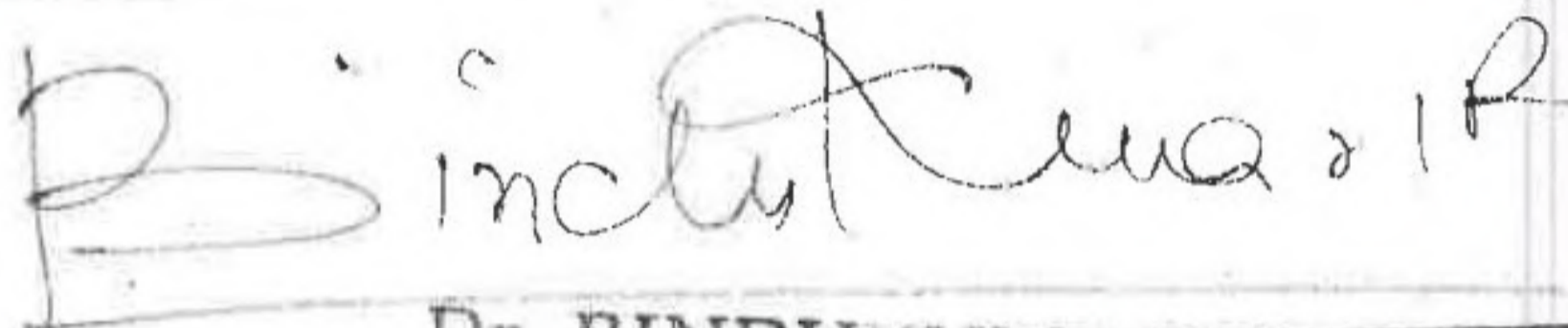
.....07..... 12..... 2003.....
 (DD) (MM) (YY)

- @ e.g. Left/right/both arms/legs
- # e.g. Single eye/ both Eyes
- £ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence: -

Nature of document	Date of Issue	Details of authority issuing certificate
Aadhar No: 859239265953	20/10/2013.	Unique identification authority of India

(Authorised Signatory of noticed Medical Authority)
 (Name and Seal)

NAME & SIGNATURE	DESIGNATION
 Dr. Rajee Krishnan 28/12/2001.	Dr. RAJEE KRISHNAN MBBS, MD (Gen: Med:) DM (Neurology) Reg. No. 35607 CONSULTANT
 CHAIRPERSON	 Dr. BINDU KUMARI R. Deputy Director & Medical Superintendent General Hospital Kottayam


ID marks ① Black mole on right arm
 ② Black mole on left side of nose

(Signature/thumb impression of the person in whose favour certificate of disability is issued.)

(Countersigned)
 (Counter signature and seal of the Chief Medical Officer Superintendent/ Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant (with seal))

Note: In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.




 Prof. Dr. BEENAMMA MATHEW
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District Hospital, Kozhencherry



No. 28-

Date: 21/08/2014



STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE

Signature of Candidate: *[Handwritten Signature]*

Certified that we the members of the standing Disability Assessment Board at District Hospital, Kozhencherry examined Sri/Smt Irene Ann George son of/ daughter of George K. Mathew aged 15 yrs years residing at Kizhavadammanil, Pullad P.O, (via) Thuvuvalla Village Koipuram Taluk Thuvuvalla District Pattanamthitta and found that he/she is Orthopedics/ENT/ Psychiatry / Ophthalmic handicapped by Congenital Hemiparesis - Left side

The Partial / Permanent / Temporary / Disability is 40% (words Forty Percentage)
Belongs to MILD / MODERATE / SEVERE / TOTAL category

Identification Marks

- A scar near right wrist
- A black mole on left forearm

BOARD MEMBERS

Department	Name, Designation & Reg. No.	Signature
1. Physiatrist	Dr. Bina C. John 28312 Junior Consultant	<i>[Signature]</i>
2. Orthopaedician	Dr. Suresh Kumar M.J 18378 Consultant	<i>[Signature]</i>
3. Ophthalmologist	Dr. Kuruvillo George 15991 Consultant	<i>[Signature]</i>
4. ENT Surgeon	Dr. Anil Kumar P.T 14447 Consultant	<i>[Signature]</i>
5. Psychiatrist	Dr. Peethayudeen Consultant 19930	<i>[Signature]</i>

MILD Less than 40%
MODERATE 40% and above
SEVERE 75% and above
TOTAL 100% Profound



[Signature]
Chairman
District Medical Board
Prof. Dr. BEENAMMA MATHEW
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B.Ed- 2018-2019 - Divyangjan Category

Sl. No.	Reg.No.	Name	Sub	Category	Remark
1.	180011001781	Ameer Jinna	SS	Blind	




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DISTRICT HOSPITAL, THODUPUZHA

CERTIFICATE ISSUED BY MEDICAL BOARD

[G.O.(P)161/97, H & FWD, Dt. 15-05-97]

CERTIFICATE

No. **358/18**



Signature/Thumb impression

This is to certify Ameer Pinna
 aged 24 years residing at Palla Thupuzha, Thodupuzha East
P.O. whose signature/thumb impression above has been
 examined the Medical Board today and we found that he/she is suffering from.....

Congenital Nystagmus both eyes
Total blindness Both eyes

We certify that he/she is a Locomotor / Visual / Speech and hearing / Mental / Handicapped and the resultant permanent disability is assessed to be 100% (Hundred percentage) and comes under the category Mild/Moderate/Severe/profound.

Identification marks
 1. A wound scar on Left knee
 2. A black mole below chin (R) side

Speciality	Name and designation	Signature
1. Orthopaedics	Dr. MIJESH K.V., MBBS, D Ortho Reg.No. 28843 Consultant in Orthopaedics Civil Surgeon District Hospital, Thodupuzha	 Dr. Mijesh K.V. 21/6/18
2. E.N.T.	Dr. ROJAS M. MATHEW MBBS, M.S (ENT) REG. No. 33797 JUNIOR CONSULTANT ASST. SURGEON GRADE	
3. Ophthalmology	Dr. Mathew K. Johnson, MBBS, DO, DNB Junior Consultant Dr. Mathew K. Johnson MBBS, DO, DNB	
4. Physician		
5. Psychiatry		

Thodupuzha
 Date: 21/6/18



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Superintendent &
 Chairman of the Medical Board