



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate
(In case of multiple disability)
Govt Medical College, Kalamasseri, Kerala, Ernakulam



Certificate No.: KL5590120140005918

Date: 12/06/2024

This is to certify that I/We have carefully examined **Muhammed Afran** Son of Shri **M A Ashraf**, Date of Birth **19/03/2014**, Age **10**, Male, Registration No. **3208/00000/2312/3435251**, resident of **S/o M A Ashraf, Meentharakal House, H M T Colony P O, Kalamassery, Near Peringazha Masjid - 683503**, Sub District **Kanayannur**, District, State / UT **Kerala** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Multiple Disability**. His extent of physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor Disability	WHOLE BODY	RIGHT HEMIPLEGIC CEREBRAL PALSY	60%
2	Intellectual Disability	BRAIN	BORDERLINE INTELLIGENCE	25%
3	Chronic Neurological Conditions	BRAIN	RIGHT HEMIPLEGIC CEREBRAL PALSY	60%

(B) In the light of the above his overall physical impairment as per guidelines (to be specified) is as follows.
In figures **88%**
In words **eighty eight percent**

2. This condition is likely to improve.

3. Re-assessment of disability is:

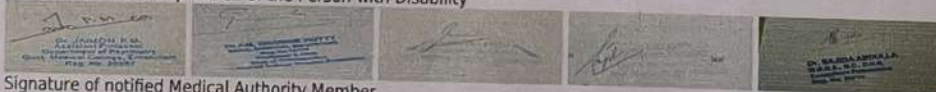
(i) recommended

(ii) is recommended/ for **7 year(s) 9 month(s)**, and therefore this certificate shall be valid till **18/03/2032**

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

Nature of Document(s): Aadhaar card.

Signature / Thumb Impression of the Person with Disability



Signature of notified Medical Authority Member



Govt Medical College, Kalamasseri
Govt Medical College, Kalamasseri, Kerala, Ernakulam, Kerala



This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

DEPARTMENT OF PAEDIATRIC ORTHOPAEDICS
CHRISTIAN MEDICAL COLLEGE VELLORE ASSOCIATION

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Dr. Thomas Palocaren
Dr. Abhay Gahukamble
Dr. Arul Murugan
Dr. Jonathan Reddy



Senior Professor & Head
Professor
Assistant Professor
Assistant Professor

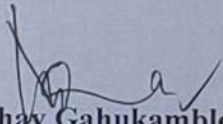
17th July, 2026

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **MUHAMMAD AFRAN**, CMC Hosp.No: **AP91842** was seen in Christian Medical College & Hospital, under the Department of Paediatric Orthopaedics. He was diagnosed to Cerebral palsy spastic asymmetric diplegia (Right >> Left). He is planned for Single Event Multi-Level Surgery (SEMLS) followed by physiotherapy under Rehabilitation.

The cost for the above surgery and admission in rehab would be approximately Rs. 4,50,000/- to Rs. 5,00,000/- (including medicines, investigations and bed charges in general ward).

With regards,


Dr. Abhay Gahukamble
Professor



MEDICAL CERTIFICATE FOR AVAILING FINANCIAL ASSISTANCE FOR TREATMENT

(To be issued by the Head of Hospital where the patient undergoes treatment)

1. Name and Address of the Patient : MUHAMMAD AFRAN S/O HY. ASHRAF
MEENATHARAKAL, KALAMASERRY
HMT COLONY, ERHAKULAM
KERALA - 683503
2. OP/IP No. with date of registration/ admission : OP: AP91842
3. Description of disease : CEREBRAL PALSY ASYMMETRIC DIPLEGIA
(RIGHT >> LEFT), DEVELOPMENTAL DELAY
4. Treatment recommended : HE IS PLANNED FOR SINGLE EVENT MULTI-LEVEL
SURGERY (SEMLS) FOLLOWED BY PHYSIOTHERAPY UNDER
REHABILITATION
5. Expenditure already incurred, if any : Rs. 6,000/- including op visit & investigations
6. Anticipated expenditure of the treatment : Rs. 5,00,000/- including Surgery cost,
undergoing/recommended medicines, investigations, bed charges in Rehab
admission)
7. Remarks :

Date : 14.08.2026

Signature and Name of the issuing
authority and Name and address of
the Hospital. 28446

Dr. ABHAY GAHUKAMBLE
PROFESSOR & HEAD M.S.ORTH, FRACS
DEPT. OF PAEDIATRIC ORTHOPAEDICS
TNMC: 67973

(Office Seal)

