

ಈ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ದೂರೆಯುವ ವಿಶೇಷ ಸೌಲಭ್ಯಗಳು

ವೈದ್ಯಶಾಸ್ತ್ರ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮುಂತಾದ ಸಾಮಾನ್ಯ ಸೌಲಭ್ಯಗಳ ಜೊತೆಗೆ ಈ ಕೆಳಗಿನ ವಿಶೇಷ ಸೌಲಭ್ಯಗಳು ಈ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಲಭ್ಯವಿದೆ.

ಕೊಠಡಿ ಸಂಖ್ಯೆ	ವಿಭಾಗದ ಹೆಸರು	ಕೊಠಡಿ ಸಂಖ್ಯೆ	ವಿಭಾಗದ ಹೆಸರು
1	ತುರ್ತು ಚಿಕಿತ್ಸಾ	27	ಇ.ಸಿ.ಜಿ.
4	ಕ್ಷ-ಕರಣ	28	ಅಸ್ತಿ ಚಿಕಿತ್ಸೆ
5	ಸ್ಯಾನಿಂಗ್	29	ಮಾನಸಿಕ ಚಿಕಿತ್ಸೆ
7	ಕ್ಷಯ ರೋಗ ತಪಾಸಣೆ	30	ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ
14	ರಕ್ತ ನಿಧಿ	34	ಬಯೋ ಕೆಮಿಸ್ಟ್ರಿ ಲ್ಯಾಬ್
15	ನಿವಾಸ ವೈದ್ಯಾಧಿಕಾರಿಗಳು	37	ಚರ್ಮರೋಗ ಚಿಕಿತ್ಸೆ
16	ಡೆಂಟಲ್ ಒ.ಪಿ.ಡಿ.	38	ಒ.ಪಿ.ಡಿ. ಸರ್ಜನ್
20	ಎಂ.ಎಲ್.ಸಿ. ವಿಭಾಗ	41	ಕೆವಿ ಮೂಗು ಗಂಟಲು ಚಿಕಿತ್ಸೆ
22	ಮಕ್ಕಳ ಒ.ಪಿ.ಡಿ.	42	ಚುಚ್ಚು ಮದ್ದು ಕೇಂದ್ರ
23	ಹೆಚ್.ಐ.ವಿ. ತಪಾಸಣೆ	43	ಮೆಡಿಕಲ್ ಒ.ಪಿ.ಡಿ.
24	ಹಣ ಸಂದಾಯ ಸ್ಥಳ	44	ಭೌತಿಕ ಚಿಕಿತ್ಸೆ
25	ಒ.ಪಿ.ಡಿ. ಚೇಟಿ ವಿತರಣೆ	49	ಜನನ ಮರಣ ದಾಖಲಾತಿ
26	ಉಚಿತ ಔಷಧಿ ವಿತರಣೆ ಕೇಂದ್ರ		

ಕೆ.ಸಿ. ಜನರಲ್ ಆಸ್ಪತ್ರೆ, ಬೆಂಗಳೂರು

ದಿನಾಂಕ 28/10/20 ವಿಭಾಗ

ಹಿಂದಿನ ಹೊರರೋಗಿ ಸಂಖ್ಯೆ (ಇದ್ದರೆ) 22

ಹೆಸರು A. ಶ್ರೀಶ್ರೀಶ್ರೀ

ವಯಸ್ಸು 8 ಮತ ವಾರ್ಷಿಕ ವರಮಾನ

ರೋಗ ಲಕ್ಷಣಗಳ ವಿವರ :

imm Hc

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✓

2112

Charade S
Principal
MES Institute of Management
Raajinagar, Bangalore-560 010

ANNEXURE -II

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTRUMENT/ Hospital, Issuing Certificate



Certificate No.....

Date.....

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum. A. Sreeraj
 Son/wife/daughter of Shri. Anubalan
 Age. 8 years old male/female, Registration No..... is
 in a case of Bilateral flat feet & calcaneus valgus Deformity
 He/She is physically disabled /visual disabled/speech & hearing disabled and he..... 100%
 %(fourth per cent) permanent (physical impairment /visual impairment/
 speech & hearing impairment) in relation to his/her lower limbs

Note:-

1. This condition is progressive/non-progressive /likely to improve.
2. Re-assessment is not recommended/is recommended after a
 Period ofmonths/years.*

* Strike out which is not applicable

Sd/-

[Handwritten signature]

SD/-

[Handwritten signature]

Sd/-



MEMBER
 MEDICAL BOARD EXAMINATION
 K.C. GENERAL HOSPITAL
 MALLESWARAM,
 BANGALORE - 560 003

MEMBER
 MEDICAL BOARD EXAMINATION
 K.C. GENERAL HOSPITAL
 MALLESWARAM,
 BANGALORE - 560 003

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 BANGALORE - 560 003

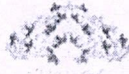
Countersigned by the
 Medical Superintendent/CMO/Head of
 Hospital (With seal)

sharada

Principal

MES Institute of Management
 Rajainagar, Bangalore-560 010

Signature/ Thumb impression
 Of the patient



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

Disability Certificate

Issuing Medical Authority, Bengaluru Urban, Karnataka



Certificate No.: KA18140419990030438

Date: 15/02/2012

This is to certify that I/We have carefully examined Kum. **Bindu K Y** Daughter of Shri **Yogendra** Date of Birth **08/04/1999** Age **20 Year(s)** Female, Registration No. **2918/00000/1911/1154365** resident of House No. **J C Nagara, Mahalakshmpuram - 560086** Sub District **Bangalore North** District **Bengaluru Urban** State / UTs **Karnataka**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Hearing Impairment

(B) The diagnosis in her case is **Bilateral Profound Deafness**

(C) She has **90%**(in figure) **Ninety** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Bindu.K.y

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



[Signature]

Issuing Medical Authority, Bengaluru Urban, Karnataka

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

Sharada S
Principal
MES Institute of Management
Raialinagar, Bangalore-560 010

UNIQUE DISABILITY ID
Government of India



STATE ID:
N/A

Aadhaar No.
*****4377



Address of the Card Issuing Authority State/District level

Sir.C.v.raman General Hospital, Inidranagar, 80 Feet Road, Near Vivekananda Metro Station, Bengaluru Urban, Karnataka - 560038



UNIQUE DISABILITY ID
Government of India



नाम / Name
ಬಿಂದು ಕೆ ಎಚ್
Bindu K Y

UD ID
KA18140419990030438

Disability Type
Hearing Impairment

Year of Birth % of Disability
1999 90% (Ninety Percent)

Date of Issue Valid upto
14/12/2019 Permanent



[Signature]
Issuing Authority Sign

Date: 31/01/2012
Dr. Y. Venkatesh of the Yagendra Charya of Birth
1980/05/11/115-105 resident of House No. 12
The North District, Bengaluru Urban, State: KA

(C) She has within last 12 months been employed in any work, Permanent or relating to her (part of body) as per guidelines (to be specified).

The applicant has been provided the following documents as proof of residence:
Nature of Documentation: As They Card

Signature/Thumb impression of the Person with Disability
Signature of notified Medical Authority member

[Signature]
Issuing Medical Authority, Bengaluru Urban, Karnataka

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



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

Disability Certificate

Issuing Medical Authority, Bengaluru Urban, Karnataka



Certificate No.: KA18140419980045201

Date: 27/01/2017

This is to certify that I/We have carefully examined Kum. **Sindhu K** Daughter of Shri **Krishna Murthy H** Date of Birth **26/03/1998** Age **21 Year(s)** Female, Registration No. **2918/00000/1912/0903955** resident of House No. **Bangalore East Talluk, Bande Bommasandra, Dodda Gubbi - 562149** Sub District **Bangalore East** District **Bengaluru Urban** State / UTs **Karnataka**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Hearing Impairment

(B) The diagnosis in her case is **Bilateral Profound Deafness**

(C) She has **90%**(in figure) **Ninety** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Bengaluru Urban, Karnataka

Principal

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

MES Institute of Management
Raiajinagar, Bangalore-560 016