



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



Disability Certificate

Issuing Medical Authority, Munger, Bihar



Certificate No.: BR2410619950033117

Date: 04/09/2012

This is to certify that I/we have carefully examined Shri **Chandan Kumar**, Son of Shri **Biro Mandal**, Date of Birth **07/04/1995**, Age **26**, Male, Registration No. **1024/00000/1811/0300527**, resident of House No. **At - Bangali Tola, Post - Kalyanpur, Ps - Bariyarpur - 811211**, Sub District **Bariarpur**, District **Munger**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **P.P.R.P Right Lower Limb**
(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his **RIGHT LOWER LIMB** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card

Chandan Kumar

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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Issuing Medical Authority, Munger, Bihar
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चिकित्सा पदाधिकारी, मुंगेर