



**UNIQUE DISABILITY ID**  
Government of India



नाम / Name

अमलेश प्रधान

**Amlesh Pradhan**

UD ID

**JH2310420010005631**

Disability Type

**Hearing Impairment**

Year of Birth

**2001**

% of Disability

**100% (One hundred Percent)**

Date of Issue

**29/01/2020**

Valid upto

**Permanent**



*Amlesh Pradhan*

Issuing Authority Sign

# UNIQUE DISABILITY ID

Government of India



STATE ID:

**N/A**

Aadhaar No.

\*\*\*\*\*1923



Address of the Card Issuing Authority State/District level

**Amala Tola Road, At. Sardar Hospital Campus, West Singhbhum, Jharkhand - 833201**