



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

Disability Certificate

Issuing Medical Authority, Patna, Bihar



Certificate No.: BR2820619980040109

Date: 20/05/2014

This is to certify that I/we have carefully examined Shri **Amit Kumar**, Son of Shri **Bachchu Kumar Verma**, Date of Birth **01/11/1998**, Age **22**, Male, Registration No. **1028/00000/1904/0628735**, resident of House No. **Vill - Kurmichak, Po -kurmichak, Ps - Ghoswari - 803306**, Sub District **Ghoswari**, District **Patna**, 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 **null**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his Right Leg 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

Amit Kumar

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



[Signature]

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