



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

Disability Certificate

Issuing Medical Authority, Chitrakoot, Uttar Pradesh



Certificate No.: UP4010719980061459

Date: 18/01/2022

This is to certify that I/we have carefully examined Shri **Sagar Gupta**, Son of Shri **Rajesh Gupta**, Date of Birth **10/10/1998**, Age **23**, Male, Registration No. **0940/00000/2201/0889953**, resident of House No. **Ramayan Mela Ke Pass, Sitapur, Karvi - 210204**, Sub District **Karwi**, District **Chitrakoot**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

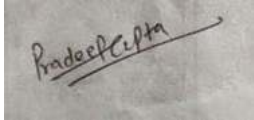
(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **low vision**

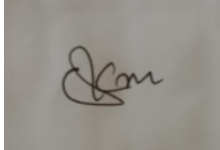
(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his BOTH EYE as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Chitrakoot, Uttar Pradesh