



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

Disability Certificate

Issuing Medical Authority, Sambhal, Uttar Pradesh



Certificate No.: UP7310619990027375

Date: 20/09/2019

This is to certify that I/We have carefully examined Shri **Aman** Son of Shri **Evar Singh** Date of Birth **01/01/1999** Age **20 Year(s)** Male, Registration No. **0973/00000/1911/0499617** resident of House No. **Vilalge And Post Datawali - 244303** Sub District **Sambhal** District **Sambhal** State / UTs **Uttar Pradesh** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **PPRP RIGHT UPPER LIMB WITH WASTING OF MUSCLE**

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

Aman

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



[Signature]

Issuing Medical Authority, Sambhal, Uttar Pradesh

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