



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

## Disability Certificate

Issuing Medical Authority, Siddharth Nagar, Uttar Pradesh



Certificate No.: UP5320419990002705

Date: 15/09/2015

This is to certify that I/We have carefully examined Shri **Suraj Kumar Chaudhary** Son of Shri **Tilakram** Date of Birth **19/08/1999** Age **18 Year(s)** Male, Registration No. **0953/00000/1801/0661776** resident of House No. **Village Mithauwa Post Dhangadhwa, Siddharthnagar - 272192** Sub District **Itwa** District **Siddharth Nagar** State / UTs **Uttar Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Hearing Impairment  
(B) The diagnosis in his case is **hearing loss**

(C) He has **40%**(in figure) **Forty** 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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



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