



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

Disability Certificate

Issuing Medical Authority, Chandauli, Uttar Pradesh



Certificate No.: UP6510219990049770

Date: 20/11/2021

This is to certify that I/we have carefully examined Shri **Ashutosh Pandey**, Son of Shri **Jagdish Pandey**, Date of Birth **01/11/1999**, Age **22**, Male, Registration No. **0965/00000/2111/0466531**, resident of House No. **Bhatija, Saiyadraja, Chandauli - 232110**, Sub District **Chandauli**, District **Chandauli**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Blindness**

(B) The diagnosis in his case is **RIGHT EYE OPTIC ATROPHY LEFT EYE PHTHISIS BULBI V-3/60**

(C) He has **100%**(in figure) **One hundred** 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): Address card with photo
issued by Deptt. Of Posts, Govt. of India



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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