



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

Disability Certificate

Issuing Medical Authority, Nalanda, Bihar



Certificate No.: BR2710619890004268

Date: 20/02/2017

This is to certify that I/We have carefully examined Shri **Vikash Sharma** Son of Shri **Lal Ratan Sharma** Date of Birth **02/02/1989** Age **30 Year(s)** Male, Registration No. **1027/00000/1904/0069711** resident of House No. **Vill.- Pachaura, Po-pachaura, Ps- Harnaut - 803110** Sub District **Harnaut** District **Nalanda** State / UTs **Bihar** 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 **Null**

(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

Vikash Sharma

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Nalanda, Bihar

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