



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

## Disability Certificate

Issuing Medical Authority, Farrukhabad, Uttar Pradesh



Certificate No.: UP2810219950073902

Date: 19/02/2021

This is to certify that I/we have carefully examined Shri **Balram**, Son of Shri **Brij Kishore**, Date of Birth **28/01/1995**, Age **26**, Male, Registration No. **0928/00000/2012/0843627**, resident of House No. **Word No. 6 Ganga Darwaja, Kuchhan Mohalla, Kaimganj, Farrukhabad - 207502**, Sub District **Kaimganj**, District **Farrukhabad**, 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 **Nystagmus with microcornea**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his Left Eye, Right 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 of Balram*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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