



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

## Disability Certificate

Medical College Ambikapur  
Surguja, Chhattisgarh



**Certificate No.:** CG0210220040023650

**Date:** 17/09/2016

This is to certify that I/we have carefully examined Kum. **Jaymanti Khess**, Daughter of Shri **Selbestar Khess**, Date of Birth **13/08/2004**, Age **18**, F, Registration No. **2202/00000/1810/0934020**, resident of House No. **Manav Jivavn Jyoti Blind School Kunkuri Batauli - 497101**, Sub District **Batouli**, District **Surguja**, State / UT **Chhattisgarh**, whose photograph is affixed above, and I am/we are satisfied that:

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

**(B)** The diagnosis in her case is **Right Eye Phthisis Left Eye Microphthalmus**

**(C)** She has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to her 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):** Other (Domicile Certificate)

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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