



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

Disability Certificate

Issuing Medical Authority, Satna, Madhya Pradesh



Certificate No.: MP1240220040265957

Date: 22/06/2018

This is to certify that I/we have carefully examined Shri **Karan Chaudhary**, Son of Shri **Shrichand Chaudhary**, Date of Birth **12/06/2004**, Age **13**, Male, Registration No. **2312/00000/1812/1128904**, resident of House No. **Malviya Nagar Udaypur Ward Number 2, Post Maihar, Teh Maihar - 485771**, Sub District **Maihar**, District **Satna**, State / UT **Madhya 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 **Both Eye Blind**
(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 / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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