



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

## Disability Certificate

Issuing Medical Authority, Deoria, Uttar Pradesh



**Certificate No.:** UP5910420000208152

**Date:** 02/07/2015

This is to certify that I/we have carefully examined Shri **Abhishek Singh**, Son of Shri **Sanjay Singh**, Date of Birth **24/08/2000**, Age **22**, Male, Registration No. **0959/00000/1802/0655729**, resident of House No. **Vill-rampur Buzurg, Post-rampur Buzurg, Distt-deoria - 274509**, Sub District **Salempur**, District **Deoria**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Hearing Impairment**

(B) The diagnosis in his case is **DEAF AND MUTE**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his Ears,Mouth 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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