



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

Disability Certificate

Civil Surgeon Cum Chief Medical Officer
Palamu, Jharkhand



Certificate No.: JH1320219970082062

Date: 06/07/2023

This is to certify that I/we have carefully examined Shri **Abhay Mishra**, Son of Shri **Bhuneshwar Mishra**, Date of Birth **05/08/1997**, Age **25**, M, Registration No. **2013/00000/1912/1260786**, resident of House No. **Village - Jinjra, Post - Tolra - 822124**, Sub District **Bishrampur**, District **Palamu**, State / UT **Jharkhand**, 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 **B/L- Blind, B/E- PL negative, B/E- Phthiside eye**

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