



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

Disability Certificate

Issuing Medical Authority, Allahabad, Uttar Pradesh



Certificate No.: UP4410220020038761

Date: 24/07/2012

This is to certify that I/We have carefully examined Shri **Arun Kumar Yadav** Son of Shri **Phool Chand Yadav** Date of Birth **15/12/2002** Age **17 Year(s)** Male, Registration No. **0944/00000/1912/1518807** resident of House No. **Village - Diha, Post - Soraon - 212502** Sub District **Soraon** District **Allahabad** State / UTs **Uttar Pradesh** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Blindness
(B) The diagnosis in his case is **Visual Impairment**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been 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



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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.