



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

Disability Certificate

Handicapped Medical Board
Varanasi, Uttar Pradesh



Certificate No.: UP6620019970149394

Date: 17/11/2022

This is to certify that I/we have carefully examined Kum. **Saumya Singh**, Daughter of Shri **Bhaiya Amar Singh**, Date of Birth **05/12/1997**, Age **25**, F, Registration No. **0966/00000/2002/3783794**, resident of House No. **House No S1 35-44, Shyam Nagar Colony, Shivpur - 221003**, Sub District **Varanasi**, District **Varanasi**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in her case is **B/L Profound mixed hearing loss.**

(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to her Both ears. 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

Somya Singh.

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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Varanasi, Uttar Pradesh