





Lalita Verma

# Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India Acknowledgement / Resident Copy

# **Person with Disability Registration**

Enrolment No: 1027/00000/2307/0832054 Enrolment Date: 20/07/2023

### **PERSONAL DETAILS**

Name of Applicant ललिता वर्मा Lalita Verma आवेदक का नाम

Prakash Mahato आवेदक के पिता का नाम प्रकाश महतो Applicant Father's Name

Applicant Mother's Name Kapura Devi आवेदक के माता का नाम कपुरा देवी

**Date of Birth** 14/01/1990 33 Year(s)

lalitaverma9576@gmail.co Gender E-Mail Id

Mark of Identification Wound Mark In Left Hand Category Obc

**Mobile Number** 8409133104 **Blood Group** A+

Marital Status Married Spouse Name Dhirendra Kumar Verma

**Relation with PwD** Wife (Person with Disability)

Name of Guardian / Contact No. of Guardian /

Caretaker / Attendant / Dhirendra Kumar Verma Caretaker / Attendant / 9631945530

Related

Related

## **Address of Correspondence**

**Address** C/o Umesh Prasad Vill- Niyamatnagar, Po- Dharahra, Ps- Silav, Dharhara, Silao, Nalanda, Bihar - 803111

C/O उमेश प्रसाद गांव - नियामतनगर, पोस्ट - धरहरा, थाना - सिलाव, Dharhara, Silao, Nalanda, Bihar - 803111 पता

**Address Proof** 

Nature of Document for Aadhaar Card

## **Permanent Address**

Address C/o Umesh Prasad Vill- Niyamatnagar, Po- Dharahra, Ps- Silav, Nalanda, Bihar - 803111

C/O उमेश प्रसाद गांव - नियामतनगर, पोस्ट - धरहरा, थाना - सिलाव, Nalanda, Bihar - 803111 पता

## **Educational Details**

**Highest Qualification** Graduate

### **DISABILITY DETAILS**

Do you have disability certificate? **Disability Type** Hearing Impairment

Sr. No. / Registration Disability certificate uploaded? 843 Yes

No. of Certificate

Date of Issuance of Certificate 14/07/2023 Details of Issuing Authority Chief Medical Office

**Disability Percentage** 50%

Disability AreaBOTH EARSDisability Since1990

Pension Card Number ------

Hospital Treating Disability CMO HOSPITAL NALANDA Disability Due To Hereditary

Hospital Treating State / UTs
Hospital Treating District
NALANDA
Hospital Name

# **EMPLOYMENT DETAILS**

**Employed or Unemployed** Unemployed **Unemployed Since** 14/01/2009

BPL / APL APL

Personal Income (Annual) Below 10000

**Spouse Income (Annual)** From 10000 To 100000

## **IDENTITY DETAILS**

Identity Proof Aadhaar Card TIN (NPR) -------

**Aadhaar No.** 863936760654

This is computer generated receipt and does not require any signature.