



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

Disability Certificate

Issuing Medical Authority, Gonda, Uttar Pradesh



Certificate No.: UP5232019980055024

Date: 15/07/2016

This is to certify that I/we have carefully examined Shri **Ajay Kumar Chouhan**, Son of Shri **Moti Lal**, Date of Birth **01/07/1998**, Age **23**, Male, Registration No. **0952/00000/2102/0321691**, resident of House No. **Haranatayer, Panditpur - 271302**, Sub District **Mankapur**, District **Gonda**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Acid Attack Victim**

(B) The diagnosis in his case is **VISUAL DISABILITY**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his Left Eye Right 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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This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.