



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

Disability Certificate

Issuing Medical Authority, Chitrakoot, Uttar Pradesh



Certificate No.: UP4010720010038033

Date: 05/07/2016

This is to certify that I/We have carefully examined Shri **Rajkumar Yadav** Son of Shri **Bhola Prasad Yadav** Date of Birth **31/01/2001** Age **19 Year(s)** M, Registration No. **0940/00000/2006/0460305** resident of House No. **Vill Madhaw Tala Sudinpur Post Rauli Kalyanpur Karwi Chitrakoot** - Sub District **Karwi** District **Chitrakoot** State / UTs **Uttar Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Low Vision
(B) The diagnosis in his case is

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



Issuing Medical Authority, Chitrakoot, Uttar Pradesh

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.