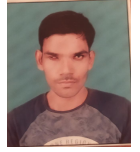




Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Civil Surgeon
Siwan, Bihar



Certificate No.: BR1610219960044013

Date: 24/06/2019

This is to certify that I/we have carefully examined Shri **Nitesh Kumar**, Son of Shri **Parshuram**, Date of Birth **10/06/1996**, Age **27**, M, Registration No. **1016/00000/2012/0179192**, resident of House No. **Sematar - 841239**, Sub District **Guthani**, District **Siwan**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Blindness**

(B) The diagnosis in his case is **Blindness**

(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)



Civil Surgeon
Siwan, Bihar