



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

Disability Certificate

Chief Medical Officer, Banda, Uttar Pradesh



Certificate No.: UP3910220020012289

Date: 25/08/2017

This is to certify that I/We have carefully examined Shri **Deepak Patel** Son of Shri **Manoj Kumar**, Date of Birth **01/01/2002**, Age **22**, Male, Registration No. **0939/00000/1811/0077855**, resident of **Vill Ahar Tahseel Baberu Banda Banda - 210203**, Sub District **Baberu**, District **Banda**, State / UT **Uttar Pradesh**

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

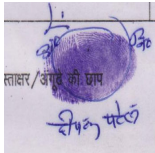
(A) He is a case of **Blindness**

(B) The diagnosis in his case is

(C) He has **75%** (in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his as per the guidelines (Guidelines for evaluation and assessment of Autism and procedure for certification notified by Government of India vide 16-21/2013-DD-III dated 25/04/2016).


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

Signature of notified Medical Authority Member


Chief Medical Officer
Banda, Uttar Pradesh

