



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

Disability Certificate

Issuing Medical Authority, Rohtas, Bihar



Certificate No.: BR3211219970066712

Date: 18/11/2013

This is to certify that I/we have carefully examined Shri **Shankar Kumar Chandravanshi**, Son of Shri **Suresh Chandravanshi**, Date of Birth **21/12/1997**, Age **22 Year(s)**, Male, Registration No. **1032/00000/2009/1092243**, resident of House No. **Ugahani, Ugahani, Chenari - 821104**, Sub District **Chenari**, District **Rohtas**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Chronic Neurological Conditions**

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

(C) He has **55%**(in figure) **Fifty Five** percent(in words) Permanent Disability in relation to his Left Leg 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

*Shankar Kumar
Chandravanshi*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Rohtas, Bihar