



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

Disability Certificate

Chief Medical Officer, Hamirpur, Uttar Pradesh



Certificate No.: UP3710219920026792

Date: 27/12/2018

This is to certify that I/We have carefully examined Shri **Shiv Vijay Singh** Son of Shri **Lallu Singh**, Date of Birth **05/08/1992**, Age **31**, Male, Registration No. **0937/00000/1803/0536959**, resident of **Village Sisolar Post Sisolar Thana Sisolar Tehsil Maudaha - 210507**, Sub District **Maudaha**, District **Hamirpur**, 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 **100%** (in figure) **One hundred** 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
Hamirpur, 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.