



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

## Disability Certificate

Civil Surgeon, Buxar, Buxar, Bihar



**Certificate No.:** BR3010619950031525

**Date:** 14/09/2000

This is to certify that I/We have carefully examined Shri **Ranjan Kumar Ram** Son of Shri **Tapeshwar Ram**, Date of Birth **03/06/1995**, Age **28**, Male, Registration No. **1030/00000/2102/0195833**, resident of **Sukarwaliya Sukarwaliya Itarhi - 802114**, Sub District **Itarhi**, District **Buxar**, State / UT **Bihar**

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

**(A)** He is a case of **Locomotor Disability**

**(B)** The diagnosis in his case is **Post Polio Deformity Both Lower Limb**

**(C)** He has **75%** (in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Both 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

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Civil Surgeon, Buxar  
Buxar, Bihar

