



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

Disability Certificate

Issuing Medical Authority, Muzaffarpur, Bihar



Certificate No.: BR1410619890002755

Date: 17/10/2014

This is to certify that I/We have carefully examined Shri **Arun Kumar** Son of Shri **Kishori Rai** Date of Birth **13/03/1989** Age **29 Year(s)** Male, Registration No. **1014/00000/1804/0008300** resident of House No. **VIII. Kumharaul Post Munni Bengari, Ps Gaighat, Via Bandra - 843115** Sub District **Gaighat** District **Muzaffarpur** State / UTs **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 **NULL**

(C) He has **55%**(in figure) **Fifty Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Arun Kumar

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



[Signature]

Issuing Medical Authority, Muzaffarpur, Bihar

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.