



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

Disability Certificate

Civil Surgeon, Siwan, Siwan, Bihar



Certificate No.: BR1610019900079597

Date: 09/12/2011

This is to certify that I/We have carefully examined Shri **Sunil Kumar** Son of Shri **Bhagwan Singh**, Date of Birth **28/02/1990**, Age **34**, Male, Registration No. **1016/00000/2103/0666388**, resident of **Vill-bhopatpur Po-jogapur Kothi Barharia - 841413**, Sub District **Barharia**, District **Siwan**, State / UT **Bihar**

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

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

(B) The diagnosis in his case is **Multiple Disability**

(C) He has **50%** (in figure) **Fifty** percent(in words) Permanent Disability in relation to his **RIGHT EYE,RIGHT EAR** 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): Voter Id

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Civil Surgeon, Siwan
Siwan, Bihar

