



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

## Disability Certificate

Issuing Medical Authority, Gaya, Bihar



**Certificate No.:** BR3410619950098783

**Date:** 18/12/2017

This is to certify that I/we have carefully examined Shri **Nandlal Kumar**, Son of Shri **Nandkishor Sharma**, Date of Birth **12/05/1995**, Age **27**, Male, Registration No. **1034/00000/2103/0614582**, resident of House No. **VIII-naknuppa, Po-barhussainganj, Ps-sherghati - 824211**, Sub District **Sherghati**, District **Gaya**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **PPRP - BLL With MW And Shortening Unable to Stand,**

(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

*Nandlal Kumar*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



*[Signature]*

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