



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

Disability Certificate

Chief Medical Officer
Mainpuri, Uttar Pradesh



Certificate No.: UP1710420010022474

Date: 14/09/2016

This is to certify that I/we have carefully examined Shri **Shivam Rajput**, Son of Shri **Ramsudas**, Date of Birth **21/07/2001**, Age **22**, M, Registration No. **0917/00000/1811/0318975**, resident of House No. **Diwani Ke Pas, Bhojpura - 205001**, Sub District **Mainpuri**, District **Mainpuri**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Hearing Impairment**

(B) The diagnosis in his case is **hearing & speech impaired**

(C) He has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to his 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

Shivamrajput

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



R Gupta

Chief Medical Officer
Mainpuri, Uttar Pradesh