



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

## Disability Certificate

Issuing Medical Authority, Katihar, Bihar



**Certificate No.:** BR1010020000052747

**Date:** 06/05/2022

This is to certify that I/we have carefully examined Shri **Rajkumar Das**, Son of Shri **Vinod Das**, Date of Birth **01/01/2000**, Age **22**, Male, Registration No. **1010/00000/2203/0404020**, resident of House No. **VIII- Dhanmaniya, Po- Hemkunj, Ps- Amdabad - 854113**, Sub District **Amdabad**, District **Katihar**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

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

**(B)** The diagnosis in his case is **RE PVD VR 6/60, RE Silicone oil in RD SX VLHM**

**(C)** He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his **BOTH EYE** 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

*Rajkumar das*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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