



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

## Disability Certificate

Issuing Medical Authority, North, Delhi



Certificate No.: DL0240219950027561

Date: 20/06/2014

This is to certify that I/we have carefully examined Shri **Vishal Kumar Gupta**, Son of Shri **Satender Prasad Gupta**, Date of Birth **05/02/1995**, Age **28**, Male, Registration No. **0702/00000/2304/0740841**, resident of House No. **Gali No-2, Tomar Colony, Burari - 110084**, Sub District **Civil Lines**, District **North**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **BOTH EYES- PHTHISIS**

(C) He has **100%**(in figure) **One hundred** 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

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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