



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

## Disability Certificate

Issuing Medical Authority, Jabalpur, Madhya Pradesh



Date: 30/06/2015

Certificate No.: MP3400220010097289

This is to certify that I/We have carefully examined Kum. **Shivani Choudhery** Daughter of Shri **Kunj Bihari** Date of Birth **28/08/2001** Age **15** Year(s) Female, Registration No. **2334/00000/1706/0143725** resident of House No. **Chandal Bhata, Cherital, Jabalpur - 482001** Sub District **Jabalpur** District **Jabalpur** State / UTs **Madhya Pradesh** Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in her case is **both eye effective**

(C) She has **75%**(in figure) **Seventy Five** percent(in words) **Permanent** in relation to her (part of body) as per guidelines (to be specified).

The applicant have been 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



*A.K. Sinha*  
Dr A.K. Sinha  
Issuing Medical Authority, Jabalpur, Madhya Pradesh