



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

Disability Certificate

Chief Medical Officer, Hamirpur, Uttar Pradesh



Certificate No.: UP3710220080071632

Date: 22/08/2022

This is to certify that I/We have carefully examined Shri **Pankaj** Son of Shri **Kamta Prasad**, Date of Birth **01/01/2008**, Age **16**, Male, Registration No. **0937/00000/2302/0776245**, resident of **Gram Bewar - 210501**, Sub District **Maudaha**, District **Hamirpur**, State / UT **Uttar Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **Blind**

(C) He has **100%** (in figure) **One hundred** percent (in words) Permanent Disability in relation to his eye as per the guidelines (Guidelines for evaluation and assessment of Autism and procedure for certification notified by Government of India vide 16-21/2013-DD-III dated 25/04/2016).

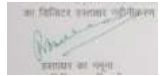
The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member



Chief Medical Officer
Hamirpur, Uttar Pradesh



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