



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

## Disability Certificate

Issuing Medical Authority, Chitrakoot, Uttar Pradesh



Certificate No.: UP4010620010019861

Date: 28/04/2016

This is to certify that I/We have carefully examined Shri **Aryan Gupta** Son of Shri **Harishchandra Gupta** Date of Birth **18/06/2001** Age **18 Year(s)** Male, Registration No. **0940/00000/1907/1256473** resident of House No. **Station Road Shivrampur, Karwi, Chitrakoot - 210205** Sub District **Karwi** District **Chitrakoot** State / UTs **Uttar Pradesh** Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of **Locomotor Disability**  
(B) The diagnosis in his case is **Locomotor**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (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

*Aryan Gupta*

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



*[Signature]*  
Issuing Medical Authority, Chitrakoot, 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.