



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

Disability Certificate

Issuing Medical Authority, West Champaran, Bihar



Certificate No.: BR0100619940110463

Date: 28/12/2004

This is to certify that I/we have carefully examined Shri **Chhotelal Prasad Chaurasia**, Son of Shri **Kameshwar Prasad Chaurasia**, Date of Birth **06/12/1994**, Age **27**, Male, Registration No. **1001/00000/2104/0250444**, resident of House No. **Vill-rajpur Barai Tola, Po-rajpur Madan, Ps-shikarpur - 845455**, Sub District **Narkatiaganj**, District **West Champaran**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

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

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

Chhotelal Prasad Chaurasia

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



[Signature]

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