



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

Disability Certificate

Civil Surgeon, Sasaram
Rohtas, Bihar



Certificate No.: BR3210619940187941

Date: 19/11/2020

This is to certify that I/we have carefully examined **Vikash Kumar Singh**, Son of Shri **Hari Narayan Singh**, Date of Birth **25/10/1994**, Age **29**, M, Registration No. **1032/00000/2009/1104208**, resident of House No. **Ugahani Ugahani Chenari - 821104**, Sub District **Chenari**, District **Rohtas**, 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 **Post Polio Residual Deformity**

(C) He has **60%**(in figure) **Sixty** 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): Certificate of address issued
by Village Panchayat head or its equivalent

Vikash Kumar Singh

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



[Signature]

Civil Surgeon, Sasaram
Rohtas, Bihar