



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



Disability Certificate

Issuing Medical Authority, Munger, Bihar



Certificate No.: BR2410619940038308

Date: 19/10/2006

This is to certify that I/we have carefully examined Shri **Sethu Ranjan Kumar**, Son of Shri **Rajendra Singh**, Date of Birth **08/02/1994**, Age **27**, Male, Registration No. **1024/00000/2109/1493158**, resident of House No. **At - Kalyanpur, Post - Kalyanpur, Ps - Bariyarpur - 811211**, Sub District **Bariarpur**, District **Munger**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

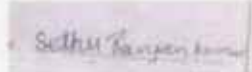
(A) He is a case of **Locomotor Disability**

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

(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his Right Arm 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



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)





Issuing Medical Authority, Munger, Bihar
असैनिक शल्य चिकित्सक सह-मुख्य,
चिकित्सा पदाधिकारी, मुंगेर