



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

## Disability Certificate

Issuing Medical Authority, Allahabad, Uttar Pradesh



Certificate No.: UP4410619920020226

Date: 17/07/2003

This is to certify that I/We have carefully examined Shri **Valbhav Kumar Maurya** Son of Shri **Shitala Prasad Maurya** Date of Birth **10/06/1992** Age **25 Year(s)** Male, Registration No. **0944/00000/1802/0647189** resident of House No. **VIII Sadrepur, Post Baraut, Handia - 221502** Sub District **Allahabad** District **Allahabad** 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 **PPRP Lower Limb**

(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

*Valbhav Kumar*

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



*[Signature]*

Issuing Medical Authority, Allahabad, Uttar Pradesh