



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

## Disability Certificate

Issuing Medical Authority, Mau, Uttar Pradesh



Certificate No.: UP6130719960065532

Date: 11/07/2017

This is to certify that I/we have carefully examined Kum. **Km Maya Gupta**, Daughter of Shri **Bechan Gupta**, Date of Birth **04/07/1996**, Age **24**, Female, Registration No. **0961/00000/2011/0273464**, resident of House No. **VIII Sehabarpur, Post Ratanpura, Mau - 221706**, Sub District **Maunath Bhanjan**, District **Mau**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Low Vision**

(B) The diagnosis in her case is **Marfan's Syndrome (Right eye vision-6/60 and Left eye vision-1/60)**

(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her **Left Eye, Right Eye** 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**

*Maya Gupta*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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