



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

## Disability Certificate

Civil Surgeon  
Madhubani, Bihar



**Certificate No.: BR0510619940035331**

**Date: 04/07/2016**

This is to certify that I/we have carefully examined Shri **Chhotu Kumar**, Son of Shri **Binod Sharma**, Date of Birth **12/03/1994**, Age **29**, M, Registration No. **1005/00000/2012/1001102**, resident of House No. **At Post Selibeli - 847226**, Sub District **Basopatti**, District **Madhubani**, 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 **NIL**

**(C)** He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his Right Arm 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

*Chhotu Kumar*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



*N. K. Sharma*  
Civil Surgeon  
Madhubani, Bihar