





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

Disability Certificate

Chief Medical Officer, Hamirpur, Uttar Pradesh



Date: 18/06/2009

Certificate No.: UP3710619990012050

This is to certify that I/We have carefully examined Shri **Prem Chandra** Son of Shri **Swami Deen**, Date of Birth **03/07/1999**, Male, Registration No. **0937/00000/1704/0239338**, resident of **S/o Swami Deen Vill Post Muskara House No 741 Thana Muskara - 210506**, Sub District **Maudaha**, District **Hamirpur**, State / UT **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 no

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

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Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Chief Medical Officer Hamirpur, Uttar Pradesh

