



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

## Disability Certificate

Issuing Medical Authority, Varanasi, Uttar Pradesh



**Certificate No.:** UP6620220010033187

**Date:** 05/02/2013

This is to certify that I/We have carefully examined Shri **Mohit Pal** Son of Shri **Ramial Pal** Date of Birth **10/07/2001** Age **18 Year(s)** Male, Registration No. **0966/00000/2001/0610007** resident of House No. **Mahaban, Mahaban, Rajatalab, Varanasi - 221311** Sub District **Varanasi** District **Varanasi** State / UTs **Uttar Pradesh** Whose photograph is affixed above, and I/We satisfied that:

**(A)** He is a case of **Blindness**

**(B)** The diagnosis in his case is **Both eye Optic atrophy**

**(C)** He has **100%**(in figure) **One hundred** 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

MOHIT PAL  
  
Left Thumb Impression

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



  
Issuing Medical Authority, Varanasi, 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.