



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

Disability Certificate

Issuing Medical Authority, Siwan, Bihar



Certificate No.: BR1610020010103295

Date: 10/10/2012

This is to certify that I/we have carefully examined Shri **Aditya Raj**, Son of Shri **Lal Bahadur Ram**, Date of Birth **19/02/2001**, Age **21**, Male, Registration No. **1016/00000/2010/0262889**, resident of House No. **Hussainganj Siwan - 841237**, Sub District **Hussainganj**, District **Siwan**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Visual Impairment**

(B) The diagnosis in his case is **Visual Impairment**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his **BOTH 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

Aditya Raj
आवेदक की हस्ताक्षर / अंगूठे

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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