



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

Disability Certificate

Dr. Rajendra Prasad Center For Ophthalmic Sciences, Alims
South, Delhi



Certificate No.: DL0740219980073561

Date: 23/10/2019

This is to certify that I/we have carefully examined Shri **Amit Jha**, Son of Shri **Shivendra Jha**, Date of Birth **05/06/1998**, Age **25**, M, Registration No. **0707/00000/2306/0505764**, resident of House No. **D-274 Du, Prem Nagar -2 Tripathi Enclave, Sukhinahar Nangloi - 110041**, Sub District **Punjabi Bagh**, District **West**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **BOTH EYES- MICROCORNEA WITH IRIDO FUNDAL COLOBOMA RIGHT EYE WITH LEFT EYE- PSEUDOPHAKIA**

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



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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