



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

Disability Certificate

Chief Medical Officer
Ballia, Uttar Pradesh



Certificate No.: UP6210220000137128

Date: 31/05/2017

This is to certify that I/we have carefully examined Shri **Ranveer Singh**, Son of Shri **Ramesh Singh**, Date of Birth **18/03/2000**, Age **23**, M, Registration No. **0962/00000/2206/1928824**, resident of House No. **Asan, Asan - 277302**, Sub District **Ballia**, District **Ballia**, State / UT **Uttar Pradesh**, 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 **Blindness due to OA bilateral**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his Left Eye Right 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)



Chief Medical Officer
Ballia, Uttar Pradesh