



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

Disability Certificate

Sanjay Gandhi Memorial Hospital, North West, Delhi



Certificate No.: DL0140220010135641

Date: 03/11/2023

This is to certify that I/We have carefully examined Shri **Manjeet Kumar** Son of Shri **Ramchandra Ram**, Date of Birth **07/07/2001**, Male, Registration No. **0701/00000/2310/0662367**, resident of **F-9, Khasra No-18/4 Rama Vihar , Mohammad Pur Majri - 110081**, Sub District **Saraswati Vihar**, District **North West**, State / UT **Delhi** Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **Bilateral Keratoconus with Nystagmus with Amblyopia**

(C) He has **100%** (in figure) **One hundred** percent(in words) Permanent Disability in relation to his Both Eyes 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

Signature of notified Medical Authority Member

Dr. Jitendra Singh

Chairman (Disability Board)
S.G.M. Hospital
Govt. of NCT of Delhi
Mangal Puri, Delhi-83

Sanjay Gandhi Memorial Hospital
North West, Delhi

