



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.: DL0320220000111289

Date: 16/12/2023

This is to certify that I/we have carefully examined Kum. **Arti**, Daughter of Shri **Ramanand**, Date of Birth **30/08/2000**, Age **23**, F, Registration No. **0703/00000/2302/0448338**, resident of House No. **B-2/265, Nand Nagri - 110093**, Sub District **Seema Puri**, District **North East**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in her case is **BOTH EYES- SCLEROCORNEA**

(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to her **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

Signatory of notified Medical Authority Member(s)



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