



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

Disability Certificate

Issuing Medical Authority, Kanpur Nagar, Uttar Pradesh



Certificate No.: UP3320619970212570

Date: 19/01/2011

This is to certify that I/we have carefully examined Shri **Rishabh Kumar**, Son of Shri **Devesh Kumar**, Date of Birth **08/07/1997**, Age **24**, Male, Registration No. **0933/00000/2202/1396790**, resident of House No. **E-331 Vishwa Bank Barra, Kanpur, Near Ma Kamlanshu Hospital - 208027**, Sub District **Kanpur**, District **Kanpur Nagar**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **MUSCLE WEAKNESS RIGHT LOWER LIMB MUSCLE POWER GRADE 3-**

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



Issuing Medical Authority, Kanpur Nagar, Uttar Pradesh