



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

## Disability Certificate

Issuing Medical Authority, Hathras, Uttar Pradesh



Certificate No.: UP7610619910005840

Date: 28/06/2016

This is to certify that I/We have carefully examined Shri **Shiv Kumar** Son of Shri **Bhanwar Pal** Date of Birth **06/05/1991** Age **26 Year(s)** Male, Registration No. **0976/00000/1712/0748136** resident of House No. **Village-daulatpur(nagla Banjara), Post-garhi Heera Singh, Thana-sikandra Rao - 204211** Sub District **Sikandra Rao** District **Hathras** State / UTs **Uttar Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Locomotor Disability  
(B) The diagnosis in his case is **PPRP**

(C) He has **43%**(in figure) **Forty Three** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

**Nature of Document(s):** Aadhaar card

*Shiv Kumar*

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



*[Handwritten Signature]*

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This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.