



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

## Disability Certificate

Issuing Medical Authority, Maharajganj, Uttar Pradesh



**Certificate No.: UP5610619920056922**

**Date: 26/04/2011**

This is to certify that I/we have carefully examined Shri **Riyaz Ahamad**, Son of Shri **Mansafdar Khan**, Date of Birth **10/11/1992**, Age **28**, Male, Registration No. **0956/00000/2110/0293340**, resident of House No. **Village Sonwal, Post Rajadhani, District Maharajganj - 273162**, Sub District **Nautanwa**, District **Maharajganj**, 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 **PPRP C WEAKNES LT LL**

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

*Riyaz Ahamad*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



*[Signature]*

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