



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.: UP3320619870105923

Date: 29/06/2016

This is to certify that I/We have carefully examined Shri **Mohammad Irfan** Son of Shri **Mohammad Sayeed** Date of Birth **18/10/1987** Age **32 Year(s)** Male, Registration No. **0933/00000/2001/0316447** resident of House No. **17/9 New Eidgah Colony Benajhabar, Kanpur Nagar - 208012** Sub District **Kanpur** District **Kanpur Nagar** 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 RIGHT LOWER LIMB**

(C) He has **45%**(in figure) **Forty Five** 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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



*hahdp*  
Issuing Medical Authority, Kanpur Nagar, Uttar Pradesh

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