



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

## Disability Certificate

Chief Medical Officer , Bulandshahr, Uttar Pradesh



**Certificate No.:** UP1110619920145906

**Date:** 23/02/2021

This is to certify that I/We have carefully examined Shri **Krishna Kumar** Son of Shri **Jagpal Singh**, Date of Birth **07/12/1992**, Age **31**, Male, Registration No. **0911/00000/2102/0984501**, resident of **Rampura - 203001**, Sub District **Bulandshahr**, District **Bulandshahr**, State / UT **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 **B/L Genu valgum severe**

**(C)** He has **40%** (in figure) **Forty** percent(in words) Temporary Disability in relation to his Both Legs 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).

This certificate recommended for **2 year(s)** , and therefore this certificate shall be valid till **23/02/2026**

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

Signature of notified Medical Authority Member

Chief Medical Officer  
Bulandshahr, Uttar Pradesh

