



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

## Disability Certificate

### Issuing Medical Authority, Kasganj, Uttar Pradesh



**Certificate No.:** UP7110619920019288

**Date:** 17/11/2016

This is to certify that I/We have carefully examined Shri **Akhand Pratap Chauhan** Son of Shri **Natthu Singh Chauhan** Date of Birth **20/04/1992** Age **27 Year(s)** Male, Registration No. **0971/00000/1908/0285704** resident of House No. **Etah Road Vikash Nagar, Ganjundwara, Kasganj - 207242** Sub District **Patiyali** District **Kasganj** 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 **P.P.R.P**

(C) He has **50%**(in figure) **Fifty** 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

*Akhand Pratap Chauhan*

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



*[Signature]*

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