



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.: UP3320619760019689

Date: 19/12/2012

This is to certify that I/We have carefully examined Shri **Dhruv Shankar** Son of Shri **Late Ram Chandra** Date of Birth **15/03/1976** Age **41 Year(s)** Male, Registration No. **0933/00000/1712/0037102** resident of House No. **House No. 925, W-block, Keshav Nagar - 208014** 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 **Stiffness Right Ankle Joint With Muscular Weakness Right Lower Limb**

(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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



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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.