



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

Disability Certificate

Issuing Medical Authority, Muzaffarnagar, Uttar Pradesh



Certificate No.: UP0210619870039853

Date: 25/03/2019

This is to certify that I/We have carefully examined Shri **Vipin Kumar** Son of Shri **Baburam** Date of Birth **30/12/1987** Age **31 Year(s)** Male, Registration No. **0902/00000/1902/1659427** resident of House No. **Village And Post Chandsina, Tehsil Khatauli, Distt Muzaffarnagar - 251201** Sub District **Khatauli** District **Muzaffarnagar** 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 **65%**(in figure) **Sixty 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

विपिन कुमार

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



gky

Issuing Medical Authority, Muzaffarnagar, 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.