



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.: UP3320619830173429

Date: 07/04/1999

This is to certify that I/we have carefully examined Shri **Ashish Kumar Savita**, Son of Shri **Satish Chandra Savita**, Date of Birth **01/12/1983**, Age **37**, Male, Registration No. **0933/00000/2101/0840376**, resident of House No. **6/10 Dhakna Purwa Colony, Transport Nagar - 208023**, Sub District **Kanpur**, District **Kanpur Nagar**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **PPRP RIGHT LOWER LIMB WITH MUSCLE POWER GRADE III**

(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his Right Leg 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).

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

Signatory of notified Medical Authority Member(s)




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