



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

Disability Certificate

Issuing Medical Authority, Allahabad, Uttar Pradesh



Certificate No.: UP4410719910034266

Date: 08/12/2016

This is to certify that I/We have carefully examined Shri **Amit Kumar Shukla** Son of Shri **Jai Ram Shukla** Date of Birth **13/07/1991** Age **28 Year(s)** Male, Registration No. **0944/00000/1911/0904715** resident of House No. **55 New Manash Nagar, Near Nagariya Public School, Naini Allahabad - 211008** Sub District **Karchhana** District **Allahabad State / UTs Uttar Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Low Vision
(B) The diagnosis in his case is **Visual Impairment**

(C) He has **40%**(in figure) **Forty** 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): Electricity Bill (not older than last three months)



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.