



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

Disability Certificate

Issuing Medical Authority, Kanpur Dehat, Uttar Pradesh



Certificate No.: UP3210619860064694

Date: 09/03/2021

This is to certify that I/we have carefully examined Shri **Sobaran Singh**, Son of Shri **Ram Singh**, Date of Birth **10/12/1986**, Age **34**, Male, Registration No. **0932/00000/2103/0097082**, resident of House No. **Ward No 6 Nehru Nagar, Khanpur Road, Jhinhak - 209302**, Sub District **Derapur**, District **Kanpur Dehat**, 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**

(C) He has **60%**(in figure) **Sixty** 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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