



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

## Disability Certificate

Issuing Medical Authority, Bareilly, Uttar Pradesh



Certificate No.: UP1910419880068425

Date: 13/10/2016

This is to certify that I/We have carefully examined Shri **Arvind Kumar Yadav** Son of Shri **Ram Janm Yadav** Date of Birth **15/11/1988** Age **31 Year(s)** Male, Registration No. **0919/00000/2002/1887518** resident of House No. **504/33 Ganesh Nagar, Madhinath Nikki Janral Stoor - 243001** Sub District **Bareilly** District **Bareilly** State / UTs **Uttar Pradesh**

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

(A) He is a case of Hearing Impairment

(B) The diagnosis in his case is **Hearing Impairment**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

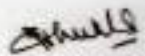
The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



  
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