



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

## Disability Certificate

Issuing Medical Authority, Kalahandi, Odisha



Certificate No.: OD2610420040061612

Date: 16/05/2016

This is to certify that I/We have carefully examined Kum. **Pragnya Parimita Mund** Daughter of Shri **Jagannath Mund** Date of Birth **27/05/2004** Age **15 Year(s)** Female, Registration No. **2126/00000/1907/0725193** resident of House No. **Sambhunagar, Pada, Block 2, Lane No-3, Bhawanipatna, Bhawanipatna, Sadar - 766001** Sub District **Sadar** District **Kalahandi** State / UTs **Odisha**

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

(A) She is a case of Hearing Impairment

(B) The diagnosis in her case is **BILATERAL MODERATELY SEVERE SENSORY NEURAL HEARING LOSS**

(C) She has **42%**(in figure) **Forty Two** percent(in words) Permanent in relation to her (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

*Pragnya parimita Mund*

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



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