



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

Disability Certificate

Issuing Medical Authority, Chitradurga, Karnataka



Certificate No.: KA1260719790127527

Date: 31/07/2017

This is to certify that I/We have carefully examined Shri **Manivasagan K** Son of Shri **Krishnaswamy M** Date of Birth **06/02/1979** Age **41 Year(s)** Male, Registration No. **2912/00000/2006/0174980** resident of House No. **S/o Krishnaswamy, Maskal Matti Village Maskal Post, Hiriyur Taluk - 577546** Sub District **Hiriyur** District **Chitradurga** State / UTs **Karnataka**

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 **proliferative retinopathy**

(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent in relation to his (Left Eye,Right Eye) 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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