



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

Disability Certificate

Issuing Medical Authority, Mau, Uttar Pradesh



Certificate No.: UP6130419940071404

Date: 27/08/2018

This is to certify that I/we have carefully examined Shri **Sanjay Rajendra Yadav**, Son of Shri **Rajendra Yadav**, Date of Birth **01/01/1994**, Age **27**, Male, Registration No. **0961/00000/1809/0497564**, resident of House No. **Vill Sarwan, Post Sarwan, Mau - 275101**, Sub District **Maunath Bhanjan**, District **Mau**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of Hearing Impairment

(B) The diagnosis in his case is Bothear hearing loss (HOH)

(C) He has 45%(in figure) Forty Five percent(In words) Permanent Disability in relation to his Ears 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

Sanjay Rajendra Yadav

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



[Signature]

Issuing Medical Authority, Mau, Uttar Pradesh

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.