



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 **Botheard 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 R. Yadav*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



*[Signature]*

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