



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India
Acknowledgement / Resident Copy

Person with Disability Registration

Enrolment No: 0933/00000/1908/0888469

Enrolment Date: 14/08/2019

PERSONAL DETAILS

Name of Applicant	Shivam Awasthi	आवेदक का नाम	शिवम् अवस्थी
Applicant Father's Name	Akhilesh Awasthi	Applicant Mother's Name	Shivani Awasthi
Date of Birth	28/11/2002	Age	16 Year(s)
Mobile Number	8076862842	E-Mail Id	shivamawasthi505@gmail.com
Gender	Male	Category	General
Blood Group	A+	Relation with PwD (Person with Disability)	Father
Name of Guardian / Caretaker / Attendant / Related	Akhilesh Awasthi	Contact No. of Guardian / Caretaker / Attendant / Related	9953652057



Shivam Awasthi

Optional Details

Personal Income (Annual)	Below 10000	Highest Qualification	Higher Secondary
Employed or Unemployed	Unemployed		
Unemployed Since	14/08/2019		

Proof of Identity Card (See Instructions)

Identity Proof	Aadhaar Card	Aadhaar No.	905133905233
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Address of Correspondence

Address	House No 128 Rar Kanpur Nagar, Kanpur Nagar, Kanpur Nagar, Rar, Ghatampur, Kanpur Nagar, Uttar Pradesh - 209206
Nature of Document for Address Proof	Aadhaar Card

DISABILITY DETAILS

Do you have disability certificate?	Yes	Disability Type	Hearing Impairment
Disability certificate uploaded?	Yes	Sr. No. / Registration No. of Certificate	125/5-7/2004
Date of Issuance of Certificate	26/12/2008	Details of Issuing Authority	Chief Medical Office
Disability Percentage	60%		
Disability Area	Ears, Mouth		
Disability Due To	-----		
Hospital Treating State / UTs	UTTAR PRADESH	Hospital Treating District	KANPUR NAGAR
Hospital Name	-----		

This is computer generated receipt and does not require any signature.