



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

Disability Certificate

Issuing Medical Authority, Aligarh, Uttar Pradesh



Certificate No.: UP1220620010003045

Date: 31/12/2015

This is to certify that I/We have carefully examined Shri **Prashant Kumar Rawat** Son of Shri **Yogendra Kumar Sharma** Date of Birth **05/01/2001** Age **17 Year(s)** Male, Registration No. **0912/00000/1802/0503937** resident of House No. **Village-andala, Post-andala, Tehsil- Khair Block-k - 202140** Sub District **Khair** District **Aligarh** State / UTs **Uttar Pradesh**

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

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **PPRP Right upper and Lower**

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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Aligarh, 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.