





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

**Enrolment No**: 234100000025010002602 **Date**: 03/01/2025

Name, Address and other details

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Saurabh Gupta ( Male )

S/0 Suresh Chandra Gupta, Barud, Shivaji Chouk, Barud,

West Nimar, Madhya Pradesh 451001

Date of Birth: 01/05/1989

Mobile: 7000436599

-सौरभ गुप्ता ( Male )

Email: saurabh71333@gmail.com

Address Proof Document: Aadhaar card **ID Proof Document** : Aadhaar Card

**Hospital Name** 

District Hospital, Khargone

**Hospital Address** 

Dist Hospital Khargone Sanawad Road, Madhya Pradesh, Khargone (West Nimar)

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