





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: 234100000025010002602 Enrolment Date: 03/01/2025

PERSONAL DETAILS

Full Name in Regional -सौरभ गुप्ता Name of Applicant Saurabh Gupta Language

Applicant Father's Name Suresh Chandra Gupta Applicant Mother's Name null

Date of Birth 01/05/1989

7000436599 **Mobile Number** E-Mail Id saurabh71333@gmail.com

Gender Male Category

Relation with PwD **Blood Group** Father (Person with Disability)

Name of Guardian / Contact No. of Guardian / Caretaker / Attendant / Suresh Chandra Gupta Caretaker / Attendant / 7000436599

Related Related

Optional Details

Personal Income (Annual) **Highest Qualification**

Employed or Unemployed

Proof of Identity Card (See Instructions)

Identity Proof ******4631 Aadhaar Card Aadhaar No.

Address of Correspondence

Address S/0 Suresh Chandra Gupta,

> Barud, Shivaji Chouk, Barud, West Nimar, Madhya Pradesh

451001,Barud

Khargone Khargone (west

Nimar)

Madhya Pradesh 451001

for Address Proof

Aadhaar card Nature of Document

DISABILITY DETAILS

Do you have disability certificate? Yes **Disability Type** Hearing Impairment

Disability certificate uploaded? Sr. No. / Registration No. of Certificate 106 Yes **Date of Issuance of Certificate** 24/01/2025 **Details of Issuing Authority** Medical Authority

Disability Percentage Disability Due To Hereditary

Hospital Treating State / UTs Madhya Pradesh **Hospital Treating District** Khargone (West Nimar)

Hospital Name District Hospital, Khargone

For more information please scan the QR code to visit 'PwD Login'



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