



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

Disability Certificate

District Medical Officer, Ernakulam, Ernakulam, Ernakulam, Kerala



Certificate No.: KL0880920140156736

Date: 04/01/2025

This is to certify that I/We have carefully examined Shri **Ishan Krishna** Son of Shri **Krishnadas N R**, Date of Birth **25/01/2014**, Male, Registration No. **3208/00000/1807/0278693**, resident of **Nechikkattil B K Puram P O Puthencruz - 682308**, Sub District **Kunnathunad**, District **Ernakulam**, State / UT **Kerala**

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

(A) He is a case of **Intellectual Disability**

(B) The diagnosis in his case is **INTELLECTUAL DISABILITY**

(C) He has **90%** (in figure) **ninety** percent(in words) Temporary Disability in relation to his Brain 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. 1338 (E) Dated 12.03.2024).

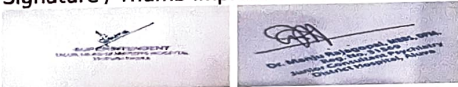
This certificate recommended for **4 year(s)** , and therefore this certificate shall be valid till **25/01/2029**

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signature of notified Medical Authority Member



District Medical Officer, Ernakulam, Ernakulam
Ernakulam, Kerala



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