



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

Disability Certificate

Issuing Medical Authority, Karnal, Haryana



Certificate No.: HR0610619820045255

Date: 08/09/2021

This is to certify that I/we have carefully examined Shri **Rajesh Kumar**, Son of Shri **Hukmi Ram**, Date of Birth **04/08/1982**, Age **39**, Male, Registration No. **0606/00000/2108/1372473**, resident of House No. **Padha (68) Assandh Karnal - 132036**, Sub District **Assandh**, District **Karnal**, State / UT **Haryana**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **TRAUMATIC QUADRIPLÉGIA**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his 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. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card

Signature and seal of member

Signature / Thumb Impression of the

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member(s)



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