



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

Disability Certificate

Issuing Medical Authority, Kurukshetra, Haryana



Certificate No.: HR0420920010016726

Date: 12/07/2021

This is to certify that I/we have carefully examined Kum. **Danish**, Daughter of Shri **Paras Nath**, Date of Birth **05/05/2001**, Age **20**, Female, Registration No. **0604/00000/2104/0652322**, resident of House No. **281 Gt Road Lucky Colony - 136135**, Sub District **Shahbad**, District **Kurukshetra**, State / UT **Haryana**, whose photograph is affixed above, and I am/we are satisfied that:

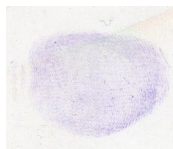
(A) She is a case of **Intellectual Disability**

(B) The diagnosis in her case is **IQ-45 MH-75%**

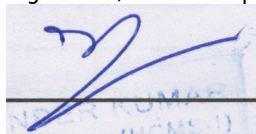
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card




Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)




Issuing Medical Authority, Kurukshetra, Haryana