





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

## **Person with Disability Registration**

#### **PERSONAL DETAILS**

Name of Applicant Sameena Khatun Full Name in Regional Language Sameena खात्न

Applicant Father's Name Abdul Vahid Applicant Mother's Name Jamila Khatun

**Date of Birth** 15/04/1978

Mobile Number 9131986815 E-Mail Id sameenakhatoon415@gmail

Gender Female Category General

Blood Group A+ Relation with PwD Self

(Person with Disability)

Iame of Guardian /

Contact No. of Guardian /

Name of Guardian / Contact No. of Guardian Caretaker / Attendant / Caretaker / Attendant / Related Related

# **Optional Details**

**Personal Income (Annual)** 0 **Highest Qualification** Post Graduate

**Employed or Unemployed** Unemployed

**Proof of Identity Card (See Instructions)** 

Identity Proof Aadhaar Card Aadhaar No. \*\*\*\*\*\*\*4825

### **Address of Correspondence**

**Address** 09,gali No.2, Kabeetpura Aam

Wali ,asjid Ke Samne, Shahajanabad Bhopal,

Huzur Bhopal

Madhya Pradesh 462001

Nature of Document for Address Proof

Aadhaar card

I P Hospital

### DISABILITY DETAILS

Do you have disability certificate?YesDisability TypeLocomotor DisabilityDisability certificate uploaded?YesSr. No. / Registration No. of CertificateAP13878Date of Issuance of Certificate22/07/2024Details of Issuing AuthorityMedical AuthorityDisability Percentage80

Disability Due To Congenital

Hospital Treating State / UTs Madhya Pradesh Hospital Treating District Bhopal

For more information please scan the QR code to

visit 'PwD Login'

**Hospital Name** 



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