



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



Disability Certificate

Issuing Medical Authority, Sitamarhi, Bihar



Certificate No.: BR0410619860147800

Date: 25/03/2023

This is to certify that I/we have carefully examined Shri **Rajeev Kumar**, Son of Shri **Ajay Kumar Singh**, Date of Birth **27/12/1986**, Age **36**, Male, Registration No. **1004/00000/2302/0399916**, resident of House No. **VIII-galghat**, P.s-**runnalsaidpur**, Dist-**sitamarhi - 843328**, Sub District **Runnalsaidpur**, District **Sitamarhi**, State / UT **Bihar**, 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 **null**

(C) He has **55%**(in figure) **Fifty Five** percent(In words) Permanent Disability in relation to his **Left Leg** 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**

राजीव कुमार

Signature / Thumb Impression of the Person with Disability

Mani Kumar

Rajeev Kumar

Signatory of notified Medical Authority Member(s)



Mani Kumar

Issuing Medical Authority, Sitamarhi, Bihar

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