



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

Disability Certificate

District Hospital, Atmakur
Spsr Nellore, Andhra Pradesh



Certificate No.: AP1990619671077824

Date: 10/04/2019

This is to certify that I/we have carefully examined Shri **Srinivas Kumar Ravulakolanu**, Son of Shri **Satyanarayana Murthy**, Date of Birth **13/07/1967**, Age **56**, M, Registration No. **2819/00000/2211/1987806**, resident of House No. **3/5/154, palavari Veedi,, Near Vikram College, Athreya Street - 524121**, Sub District **Sullurpeta**, District **Spsr Nellore**, State / UT **Andhra Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

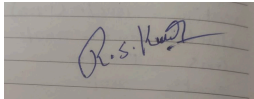
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **CEREBRO VASCULAR ACCIDENTS**

(C) He has **90%**(in figure) **Ninety** 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



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



M. S. Lakshmi

District Hospital, Atmakur
Spsr Nellore, Andhra Pradesh