



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

Disability Certificate

Issuing Medical Authority, Bahraich, Uttar Pradesh



Certificate No.: UP4910719880100991

Date: 18/07/2019

This is to certify that I/we have carefully examined Shri **Satish Kumar Singh**, Son of Shri **Teerath Raj Singh**, Date of Birth **10/07/1988**, Age **33**, Male, Registration No. **0949/00000/1909/0641294**, resident of House No. **Charaniyacot, Basanera, Payagpur - 271871**, Sub District **Bahraich**, District **Bahraich**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

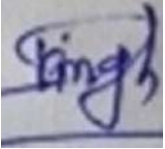
(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **COLOBOMA BE**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his Left Eye,Right Eye 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, Bahraich, Uttar Pradesh