



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

Disability Certificate

Issuing Medical Authority, Allahabad, Uttar Pradesh



Certificate No.: UP4410619890149739

Date: 27/12/2021

This is to certify that I/we have carefully examined Shri **Ranjeet Kumar Kesarwani**, Son of Shri **Prem Chandra Kesarwani**, Date of Birth **08/10/1989**, Age **32**, Male, Registration No. **0944/00000/1906/0389790**, resident of House No. **6/2, Kazipur, Naini Prayagraj - 211008**, Sub District **Karchhana**, District **Allahabad**, State / UT **Uttar 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 **PPRP Both Lower Limb With Atrophy**

(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his **BOTH LOWER LIMB** 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)



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