



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

Disability Certificate

Superintendent, Medchal Malkajgiri, Telangana



Certificate No.: TG1710619810317062

Date: 20/11/2023

This is to certify that I/We have carefully examined Shri **V S Lalith Kumar** Son of Shri **Velete Suresh**, Date of Birth **18/04/1981**, Male, Registration No. **3617/00000/2311/2152732**, resident of **C-7-594viveknagar,dammaiguda,dammaiguda,keesara,medchal** - , Sub District **Keesara**, District **Medchal Malkajgiri**, State / UT **Telangana**

Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **Muscular Dystrophy**

(C) He has **60%** (in figure) **Sixty** percent(in words) Permanent Disability in relation to his 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): Ration Card

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Superintendent
Medchal Malkajgiri, Telangana



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