



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India  
Acknowledgement / Resident Copy

## Person with Disability Registration

Enrolment No: 2111/00000/2107/0645568

Enrolment Date: 15/07/2021

### PERSONAL DETAILS

Name of Applicant	Shaikh Aspaque Ali	ନାମ ଓ ଆପ୍ତଲିକ୍ଷକ	ଶେଖ ଅସ୍ପାକ ଆଲି
Applicant Father's Name	Shaikh Abas Ali	Applicant Mother's Name	Roshan Bibi
Date of Birth	31/03/2001	Age	20 Year(s)
Mobile Number	6370232714	E-Mail Id	aspakali420@gmail.com
Gender	Male	Category	General
Blood Group	B+	Relation with PwD (Person with Disability)	Mother
Name of Guardian / Caretaker / Attendant / Related	Roshan Bibi	Contact No. of Guardian / Caretaker / Attendant / Related	-----



Shaikh Aspaque Ali

### Optional Details

Personal Income (Annual)	-----	Highest Qualification	Higher Secondary
Employed or Unemployed	Unemployed		
Unemployed Since	-----		

### Proof of Identity Card (See Instructions)

Identity Proof	Aadhaar Card	Aadhaar No.	369336179286
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### Address of Correspondence

Address	At/po-bishanpur, Via-krushnanandapur, Bisunpur, Tirtol, Jagatsinghapur, Odisha - 754135
Nature of Document for Address Proof	Aadhaar Card

### DISABILITY DETAILS

Do you have disability certificate?	No	Disability Type	Locomotor Disability
Disability Area	FINGERS		
Disability Due To	Accident		
Hospital Treating State / UTs	ODISHA	Hospital Treating District	JAGATSINGHAPUR
Hospital Name	-----		

### ASSESSMENT

Disability Type	Sub Type	Affected Part	Diagnosis	Remark
Locomotor Disability	-----	L HAND	AMPUTEE FINGER	AS REPORTED BY DR PRIYANK SAHOO, CONSULTANT ORTHOPEDICS, SCB, MCH, CUTTACK

**VIEW RECOMMENDATION**

<b>Disability</b>	<b>Disability Percent</b>	<b>Disability Condition</b>	<b>Permanent /</b> <b>Temporary</b>	<b>Reassessment Require</b>	<b>Reassessment Review Year</b>	<b>Reassessment Review Month</b>	<b>Remark</b>
Locomotor Disability	40 (Forty)	-----	-----	-----	-----	-----	AS REPORTED BY DR PRIYANK SAHOO , CONSULTANT ORTHOPEDECS,SCB,MCH,CUTTACK

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