



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

Disability Certificate

Issuing Medical Authority, Bokaro, Jharkhand



Certificate No.: JH1010619920007780

Date: 16/12/2009

This is to certify that I/We have carefully examined Shri **Kumar Anurag** Son of Shri **Rajnish Kumar Sinha** Date of Birth **17/10/1992** Age **25 Year(s)** Male, Registration No. **2010/00000/1803/0811042** resident of House No. **Qtr No Rb 10 Posawang Dist Bokaro Jharkhand Pin 82 - 829128** Sub District **Gumia** District **Bokaro** State / UTs **Jharkhand**

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 **Post Polio**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been 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



Issuing Medical Authority, Bokaro, Jharkhand