



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

## Disability Certificate

Issuing Medical Authority, Hamirpur, Himachal Pradesh



**Certificate No.:** HP0610619860022443

**Date:** 07/07/2007

This is to certify that I/We have carefully examined Shri **Antriksh** Son of Shri **Subhash Chand** Date of Birth **01/02/1986** Age **34 Year(s)** Male, Registration No. **0206/00000/2009/0611143** resident of House No. **Village Dulehra, Po. Tehsil Distt. Hamirpur Hp. - 177001** Sub District **Hamirpur** District **Hamirpur** State / UTs **Himachal Pradesh**

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 **Locomotor Disability**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (Mouth, APRAXIA OF SPEECH) 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



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