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

Disability Certificate

District Hospital Anakapalli
Poolbagh Road, Near Fruit Market, Anakapalli,
Anakapalli, Andhra Pradesh, 531001

Certificate/UDID No. AP7440519970002898 **Date of Issue: 17/06/2025**

This is to certify that I/We have carefully examined **Gummidi Chiranjeevi** Son of **Gummidi Eswararao**, Date of Birth **12/07/1997**, Gender **Male**, Registration No. **2825/00000/2401/1283442**, Resident of **Butchayyapeta Main Road Satakampattu** , **Butchayyapeta**, **Anakapalli**, **Andhra Pradesh** - **531026** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **CONGENITAL SPASTIC ATAXIA .**

(C) The diagnosis in his case is **CONGENITAL LOCOMOTO DISABILITY .**

(D) **He** has **76%** (in figure) **seventy six** percent(in words) disability and the nature of certificate is **Permanent** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024.**

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

District Hospital Anakapalli
Poolbagh Road, Near Fruit Market, Anakapalli,
Anakapalli, Andhra Pradesh, 531001

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