



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

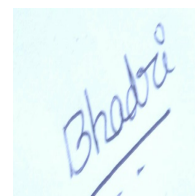
Person with Disability Registration

Enrolment No: 2918/00000/2012/1051369

Enrolment Date: 29/12/2020

PERSONAL DETAILS

Name of Applicant	Veerabhadrapa R	आवेदक का नाम	Veerabhadrapa R
Applicant Father's Name	Rajashekharaiiah V	Applicant Mother's Name	Late Gowramma
Date of Birth	14/04/1988	Age	32 Year(s)
Mobile Number	8088088003	E-Mail Id	bhadrishekhara1@gmail.com
Gender	Male	Category	OBC
Blood Group	O+	Relation with PwD (Person with Disability)	Self
Name of Guardian / Caretaker / Attendant / Related	Rajashekharaiiah V	Contact No. of Guardian / Caretaker / Attendant / Related	7483072908



Optional Details

Personal Income (Annual)	From 10000 To 100000	Highest Qualification	Graduate
Employed or Unemployed	Unemployed		
Unemployed Since	-----		

Proof of Identity Card (See Instructions)

Identity Proof	Aadhaar Card	Aadhaar No.	837045200511
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Address of Correspondence

Address	S/o Rajashekharaiiah, Kadehude, Challakere , Chitradurga, Karnataka - 577538
Nature of Document for Address Proof	Aadhaar Card

DISABILITY DETAILS

Do you have disability certificate?	No	Disability Type	Cerebral Palsy, Chronic Neurological Conditions
Disability Area	Spine, BOTH LEG, BONE DISEASE		
Disability Due To	Hereditary		
Hospital Treating State / UTs	KARNATAKA	Hospital Treating District	CHITRADURGA
Hospital Name	TALUK GENERAL HOSPITAL, CHALLAKERE		

This is computer generated receipt and does not require any signature.