



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

Disability Certificate

Civil Surgeon
Aurangabad, Bihar



Certificate No.: BR3310620050085205

Date: 18/02/2019

This is to certify that I/we have carefully examined Shri **Akhilesh Kumar**, Son of Shri **Mahesh Mahto**, Date of Birth **16/07/2005**, Age **18**, M, Registration No. **1033/00000/2309/0199933**, resident of House No. **Vill-oradiha, Po-udhampur, Ps-madanpur - 824208**, Sub District **Madanpur**, District **Aurangabad**, State / UT **Bihar**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **(L) hand four finger amputated**

(C) He has **42%**(in figure) **Forty Two** percent(in words) Permanent Disability in relation to his as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

अखिलेश कुमार

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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