



Government of Rajasthan

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

Disability Certificate

Chief Medical And Health Officer Pali, Pali, Rajasthan



Certificate No.: RJ2010619990113205

Date: 05/07/2019

This is to certify that I/We have carefully examined Shri **Aslam** Son of Shri **Musa Khan**, Date of Birth **02/05/1999**, Male, Registration No. **0820/00000/1907/0230647**, resident of **289 Rohat Kharda** - , Sub District **Rohat**, District **Pali**, State / UT **Rajasthan**

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 INJURY PARESIS WITH AMPUTATION IF, MF AND THUMB**

(C) He has **42%** (in figure) **FortyTwo** percent(in words) Permanent Disability in relation to his **LEFT UPPER LIMB** 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): -

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Chief Medical And Health Officer Pali
Pali, Rajasthan



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