



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

Disability Certificate

Civil Surgeon
District Hospital
Sehore, Madhya Pradesh, 466001



Certificate/UDID No. MP4230519920005460

Date of Issue: 23/06/2025

This is to certify that I/We have carefully examined **Sumit Kumar Shakya** Son of **Laxman Shakya**, Date of Birth **02/11/1992**, Gender **Male**, Registration No. **2342/70000/0250/60005423**, Resident of **Shiv Chouraha Koli Mohalla Ganj, Sehore, Sehore, Madhya Pradesh - 466001** 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: **Whole Body.**

(C) The diagnosis in his case is **Myopathy.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 27/05/2028** 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:

Civil Surgeon
District Hospital
Sehore, Madhya Pradesh, 466001



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