



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

Disability Certificate

Chief Medical Officer
District Combined Hospital Compus
Baghpat, Uttar Pradesh, 250609



Certificate/UDID No. UP1220519940006044

Date of Issue: 21/07/2025

This is to certify that I/We have carefully examined **Suhani Jain** Daughter of **Ashok Kumar Jain**, Date of Birth **11/10/1994**, Gender **Female**, Registration No. **0912/40000/0250/70004832**, Resident of **Jain Gali No. 2 H.no. 22/113 Bhagwan Mahaveer Marg Baraut Baghpat, Baraut, Baghpat, Uttar Pradesh - 250611** whose photograph is affixed above, and I am/we are satisfied that:

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

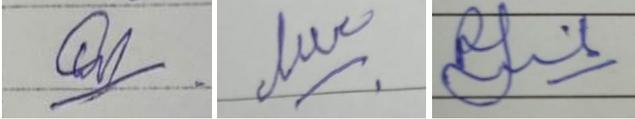
(B) Name of affected body part: **One Leg (OL).**

(C) The diagnosis in her case is **POST TRAUMATIC RIGHT LOWER LIMB WEAKNESS (RIGHT FOOT) WITH DISFIGUREMENT RIGHT FOOT WITH SENSORY LOSS AND FOOT DROP.**

(D) **She** has **40%** (in figure) **forty** 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**.

Suhani Jain

Signature / Thumb impression of the Person with Disability:



Signature of notified Medical Authority Members:



Chief Medical Officer
District Combined Hospital Compus
Baghpat, Uttar Pradesh, 250609



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