



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

## Disability Certificate

### Issuing Medical Authority, Gorakhpur, Uttar Pradesh



**Certificate No.:** UP5720719930099120

**Date:** 23/09/2021

This is to certify that I/we have carefully examined Shri **Jainendra Kumar**, Son of Shri **Chandrika Prasad**, Date of Birth **15/12/1993**, Age **27**, Male, Registration No. **0957/00000/2106/1325695**, resident of House No. **62n Abhishek Nagar Singharia, Deoria Road, Near B N Public School - 273008**, Sub District **Gorakhpur**, District **Gorakhpur**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

**(A)** He is a case of **Low Vision**

**(B)** The diagnosis in his case is **Vn RE 6/18, Vn LE 1/60 Cert No- 581 Dt. 29.07.2021**

**(C)** He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his Left Eye 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

*Jainendra Kumar Shah*

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



*[Signature]*

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