



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

Disability Certificate

Medical Superintendent Niloufer Hospital
Niloufer Hospital, Red Hills, Lakdikapul
Hyderabad, Telangana, 500004



Certificate/UDID No. TG5092020060017702

Date of Issue: 22/07/2025

This is to certify that I/We have carefully examined **Alluri Preetam Varma** Son of **Alluri Srinivasa Raju**, Date of Birth **19/05/2006**, Gender **Male**, Registration No. **3605/00000/2308/0479418**, Resident of **Flatno101, sreeja Himalaya Residency, roadno9 Madhavapurihills, chandanagar, hyd-50**, **Serilingampally, Ranga Reddy, Telangana - 500050** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Autism Spectrum Disorder.**

(B) Name of affected body part: **Brain.**

(C) The diagnosis in his case is **MILD AUTISM SPECTRUM DISORDER.**

(D) **He** has **60%** (in figure) **sixty** 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.**

Signature / Thumb impression of the Person with Disability:

(Signature of the Doctor)
Doctor Name : M.Hrishikesh
Giri Prasad
Reg. No. : 49697
Designation : Associate
Professor Psychiatry

Signature
Name : P. SRINIVAS RAO
Designation : CAS RMO
Reg. No. : 38607

Signature
Name : V. Venkatesh
Designation : Superintendent
Reg. No. : 12288

Signature of notified Medical Authority Members:

Medical Superintendent Niloufer Hospital
Niloufer Hospital, Red Hills, Lakdikapul
Hyderabad, Telangana, 500004



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