



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

Disability Certificate

Rims Hospital, Kadapa, Y.s.r., Andhra Pradesh



Certificate No.: AP2090420042106623

Date: 24/12/2021

This is to certify that I/We have carefully examined Shri **Karapureddykumar Reddy** Son of Shri **Yellala Reddy**, Date of Birth **02/05/2004**, Male, Registration No. **2820/00000/2112/1840748**, resident of **1/165-c, Madirepalle, Madirepallevillage, Duvvurmandal, Kadapadistrict, Andrapradesh** - , Sub District **Duvvur**, District **Y.s.r.**, State / UT **Andhra Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Hearing Impairment**

(B) The diagnosis in his case is **Hearing Impairment,-**

(C) He has **43%** (in figure) **Forty Three** percent(in words) Permanent Disability in relation to his BOTH EARS 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

Rims Hospital, Kadapa
Y.s.r., Andhra Pradesh



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