



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

Disability Certificate

Chief District Medical Officer
Office of Chief Medical Officer
Kandhamal, Odisha, 762001



Certificate/UDID No. OD3550519980023926

Date of Issue: 25/07/2025

This is to certify that I/We have carefully examined **Chandan Prusty** Son of **Pratima Prusty**, Date of Birth **16/07/1998**, Gender **Male**, Registration No. **2135/90000/0250/60008934**, Resident of **At/po- Sadingia, Ps-phiringia, Phiringia, Kandhamal, Odisha - 762011** 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: **One Arm (OA).**

(C) The diagnosis in his case is **Below shoulder right amputation .**

(D) **He** has **80%** (in figure) **eighty** 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:

Chandan Prusty
Dr. Chandra

Specialist in Orthopaedics
DHH, Phulbani, Kandhamal

Signature of notified Medical Authority Members:

[Signature]

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Office of Chief Medical Officer
Kandhamal, Odisha, 762001



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