



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

## Disability Certificate

Civil Surgeon  
District Hospital,  
Balaghat, Madhya Pradesh, 481001



**Certificate/UDID No. MP3930520250004247**

**Date of Issue: 04/08/2025**

This is to certify that I/We have carefully examined **Ashish Kumar Telase** Son of **Lakhanlal Telase**, Date of Birth **07/07/1988**, Gender **Male**, Registration No. **2339/00000/2508/0004177**, Resident of **Ward No 01 Gram Post Kosmi Balaghat , Balaghat, Balaghat, Madhya Pradesh - 481001** whose photograph is affixed above, and I am/we are satisfied that:

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

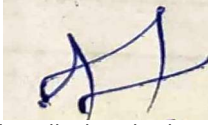
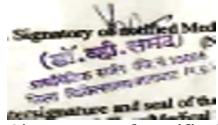
(B) Name of affected body part: **left upper limb & HANDS.**

(C) The diagnosis in his case is **MONOPARESIS LEFT UPPER LIMB WITH CLAW HANDS .**

(D) **He** 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**.

*A. Telase*

Signature / Thumb impression of the Person with Disability:



Signature of notified Medical Authority Members:

*Dr. A. Telase*  
सिद्धि-सर्जन

Civil Surgeon  
District Hospital,  
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The DateOfBirth was last updated  
by Civil Surgeon on 04/08/2025.

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