



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India
Acknowledgement / Resident Copy

Person with Disability Registration

Enrolment No: 29525000025060002465

Enrolment Date: 01/06/2025

PERSONAL DETAILS

Name of Applicant	Manjunath M	Full Name in Regional Language	ಮಂಜುನಾಥ್ ಮೀ
Applicant Father's Name	Muniachari	Applicant Mother's Name	
Date of Birth	04/07/1974	E-Mail Id	skynet.manju@gmail.com
Mobile Number	9886402382	Category	
Gender	Male	Relation with PwD (Person with Disability)	Father
Blood Group		Contact No. of Guardian / Caretaker / Attendant / Related	7829991527
Name of Guardian / Caretaker / Attendant / Related	Muniachari		



Optional Details

Personal Income (Annual) 0 Highest Qualification

Employed or Unemployed

Proof of Identity Card (See Instructions)

Identity Proof Aadhaar Card Aadhaar No. *****7358

Address of Correspondence

Address S/o Muniachari, 204, Shree, 2nd Floor, Navasannidhi Apartments, 3rd Main, Vinayaka Layout, Hoysala Nagar, Horamavu Bengaluru East Bengaluru Urban Karnataka 560016

Nature of Document for Address Proof Aadhaar card

DISABILITY DETAILS

Do you have disability certificate?	Yes	Disability Type	Hearing Impairment
Disability certificate uploaded?	Yes	Sr. No. / Registration No. of Certificate	50/08-04.15
Date of Issuance of Certificate	17/04/2015	Details of Issuing Authority	Medical Authority
Disability Percentage	78		
Disability Due To	Hereditary		
Hospital Treating State / UTs	Karnataka	Hospital Treating District	Bengaluru Urban
Hospital Name	K.C General Hospital		

For more information please scan the QR code to visit 'PwD Login'

**GOVERNMENT OF KARNATAKA
K.C. GENERAL HOSPITAL**

Malleswaram, Bangalore - 560 003

FORM - IV

Disability Certificate

(In Case other than those mentioned in Forms II & III)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY
ISSUING THE CERTIFICATE)**

(See Rule 4)

16487



Dr. V. Govindarajulu, M.S. ENT
KMC No. 20390
ENT Specialist
Member, Medical Authority
K.C. General Hospital, Bengaluru-03

Certificate No. : 50 / 08 - 04 - 15

Date : 17-4-15

This is to certify that we have carefully examined Sri/Smt./Kum. MANJUNATH M

Son/Wife Daughter of Sri MUNIDCHAR I-V

Date of Birth 01/07/74 Age 40 years, Male/Female _____ Registration No. 12985
(DD) (MM) (YY)

Permanent resident of House No. 370/B Ward/Village/Street 1st MAIN, 4th Cross

Post Office DOORANINAGAR District BANGALORE State _____

whose photograph is affixed above, and am satisfied that, he/she is a Case of Bilateral deafness Disability

His/Her extent of percentage Physical Impairment/Disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below

Sl. No.	Disability	Affected Part of the Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	\$	Bilateral hearing loss	75% Combined
5.	Mental Retardation	X	Residual hearing loss	Normal Speech
6.	Mental illness	X	2-3 Thrd	

(Please strike off the Disabilities which are not applicable)



This is computer generated receipt and does not require any signature.