



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

## Disability Certificate

Issuing Medical Authority, Koppal, Karnataka



Certificate No.: KA0640719990146220

Date: 11/04/2022

This is to certify that I/we have carefully examined Shri **Saddam Hussain**, Son of Shri **Allabhakshi**, Date of Birth **28/06/1999**, Age **22**, Male, Registration No. **2906/00000/2204/0439374**, resident of House No. **Saddam Hussain S/o Allabhakshi, Ward No 26, Ganesh Nagar Koppal - 583231**, Sub District **Koppal**, District **Koppal**, State / UT **Karnataka**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **BE High Myopia**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his **BOTH EYE** 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): Aadhaar card

*Saddam Hussain*

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



*[Signature]*

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