



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

Disability Certificate

District Hospital Anakapalli
Poolbagh Road, Near Fruit Market, Anakapalli,
Anakapalli, Andhra Pradesh, 531001



Certificate/UDID No. AP7440319990005735

Date of Issue: 19/09/2025

This is to certify that I/We have carefully examined **Alla Teja Sai** Son of **Alla Santhikumari**, Date of Birth **18/08/1999**, Gender **Male**, Registration No. **2874/40000/0250/10002620**, Resident of **H No 9-17-119, Dharmavaram Street, Near Kanakamahalaxmi Temple., Yelamanchili, Anakapalli, Andhra Pradesh - 531055** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **BLINDNESS .**

(C) The diagnosis in his case is **BOTH EYES ALBINOID FUNDUS, NYSTAGMUS .**

(D) **He** has **75%** (in figure) **seventy five** 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. Tejasai

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

District Hospital Anakapalli
Poolbagh Road, Near Fruit Market, Anakapalli,
Anakapalli, Andhra Pradesh, 531001



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