



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

## Disability Certificate

Chief Medical Officer, Deoria, Deoria, Uttar Pradesh



**Certificate No.: UP5912219940047207**

**Date: 02/01/2019**

This is to certify that I/We have carefully examined Shri **Dhananjay Singh** Son of Shri **Rajendra Singh**, Date of Birth **10/07/1994**, Male, Registration No. **0959/00000/1811/0456851**, resident of **Vill- Tendubari Post- Sohasa Gauri Bazar - 274202**, Sub District **Deoria**, District **Deoria**, State / UT **Uttar Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

**(A)** He is a case of **Muscular Dystrophy**

**(B)** The diagnosis in his case is **OPERATED FENDOACHICAL RIGHT WITH WASTING LEG**

**(C)** He has **40%** (in figure) **Forty** percent (in words) Permanent Disability in relation to his **RIGHT LEG** 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

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Chief Medical Officer, Deoria  
Deoria, Uttar Pradesh

