



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

Disability Certificate

Thaluk Hospital Ponnani

Ek Impichibava Memorial Govt Taluk Head Quarters Hospital ,Ponnani
Malappuram, Kerala, 679583



Certificate/UDID No. KL5690520060022564

Date of Issue: 25/07/2025

This is to certify that I/We have carefully examined **Shyamjith C** Son of **Sukumaran C K**, Date of Birth **11/01/2006**, Gender **Male**, Registration No. **3205/00000/2205/2475368**, Resident of **Chennamkulath House, Vadakkumuri, Moochikkadavu , Nannamukku, Ponnani, Malappuram, Kerala - 679574** 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: **RIGHT UPPER LIMB.**

(C) The diagnosis in his case is **CONGENITAL AMPUTATION (RIGHT) UPPER LIMB AT CARPELS.**

(D) **He** has **55%** (in figure) **fifty 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.**

Signature / Thumb impression of the Person with Disability:



Signature of notified Medical Authority Members:



Thaluk Hospital Ponnani
Ek Impichibava Memorial Govt Taluk Head Quarters
Hospital ,Ponnani
Malappuram, Kerala, 679583



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