



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

Disability Certificate

Issuing Medical Authority, Kozhikode, Kerala



Certificate No.: KL0490719990301580

Date: 28/10/2022

This is to certify that I/we have carefully examined Shri **Muhammed Dhillshad**, Son of Shri **Thajudheen**, Date of Birth **26/12/1999**, Age **22**, Male, Registration No. **3204/00000/2210/0290633**, resident of House No. **Thaikandy, Nadapuram Road, Madappally Post - 673102**, Sub District **Vatakara**, District **Kozhikode**, State / UT **Kerala**, whose photograph is affixed above, and I am/we are satisfied that:

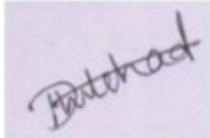
(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **AMBLYOPIA(BOTH EYE)**

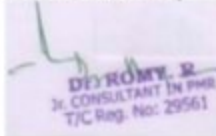
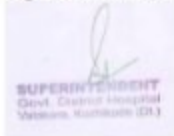
(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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



Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Kozhikode, Kerala