



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

Disability Certificate

General Hospital, Thrissur
Thrissur, Kerala



Certificate No.: KL0790619920317835

Date: 03/02/2024

This is to certify that I/we have carefully examined Shri **Nithin Prakash**, Son of Shri **T.r. Jayaprakasan**, Date of Birth **11/03/1992**, Age **31**, M, Registration No. **3207/00000/2205/2797710**, resident of House No. **Thekkoot House, Vallachira Po, Chathakudam, Oorakam - 680562**, Sub District **Thrissur**, District **Thrissur**, State / UT **Kerala**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **PANBRACHEAL PLEXUS PALSY (RT) SIDE WITH FOOT DROP (R)**

(C) He has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to his RT ARM AND 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



Signatory of notified Medical Authority Member(s)



General Hospital, Thrissur
Thrissur, Kerala