



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

## Disability Certificate

Chief District Medical Officer, Balangir, Odisha



**Certificate No.: OD3431920000054827**

**Date: 20/12/2024**

This is to certify that I/We have carefully examined Shri **Biju Nag** Son of Shri **Biranchi Nag**, Date of Birth **25/06/2000**, Male, Registration No. **2134/50000/0241/00025837**, resident of **At-dundel Po-baghamunda Sub-patnagarh Ps-larambha Tahasil-khaprakhol - 767025**, Sub District **Patnagarh**, District **Balangir**, State / UT **Odisha**

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

**(A)** He is a case of **Sickle Cell Disease**

**(B)** The diagnosis in his case is **SICKLE CELL DISEASE**

**(C)** He has **60%** (in figure) **sixty** percent(in words) Permanent Disability in relation to his Blood 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. 1338 (E) Dated 12.03.2024).

The applicant has submitted the following document(s) as proof of residence:

**Nature of Document(s):** Aadhaar card

*Biju Nag*

Signature / Thumb Impression of the Person with Disability

*Kesho*

Signature of notified Medical Authority Member

*[Signature]*  
Chief District Medical & Public  
Health Officer, Balangir

Chief District Medical Officer  
Balangir, Odisha

