



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

Disability Certificate

Issuing Medical Authority, Alappuzha, Kerala



Certificate No.: KL1121519770089760

Date: 15/03/2018

This is to certify that I/We have carefully examined Shri **Vijayaraj S** Son of Shri **R S Pillai** Date of Birth **21/09/1977** Age **42 Year(s)** Male, Registration No. **3211/00000/1910/0148170** resident of House No. **Jagada Nivas, Mulakuzha P O, Chengannur - 689505** Sub District **Chengannur** District **Alappuzha** State / UTs **Kerala** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Speech and Language Disability

(B) The diagnosis in his case is **Carcinoma left buccal mucosa , Post mandibulectomy**

(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been 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



Issuing Medical Authority, Alappuzha, Kerala

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