



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

## Disability Certificate

Guru Gobind Singh Government Hospital, West, Delhi



Certificate No.: DL8550519970022665

Date: 20/08/2024

This is to certify that I/We have carefully examined Shri **Amit Kumar** Son of Shri **Shyam Lal**, Date of Birth **17/01/1997**, Male, Registration No. **0785/00000/2408/0002915**, resident of **W-62/110, Indra Camp No-4, New Krishna Park, Vikas Puri, Tilak Nagar - 110018**, Sub District **Rajouri Garden**, District **West**, State / UT **Delhi**

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

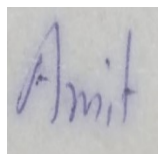
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **Below elbow amputation left side through proximal 1/3rd.**

(C) He has **70%** (in figure) **seventy** percent (in words) Permanent Disability in relation to his Left Upper Limb 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



Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Guru Gobind Singh Government Hospital  
West, Delhi



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