



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

Disability Certificate

Issuing Medical Authority, Fatehpur, Uttar Pradesh



Certificate No.: UP4100619910010777

Date: 31/05/2011

This is to certify that I/We have carefully examined Shri **Mannu** Son of Shri **Suraj Din** Date of Birth **10/04/1991** Age **27 Year(s)** Male, Registration No. **0941/00000/1809/0268851** resident of House No. **Village Kandhiya, Post Kandhiya, Police Station Asothar - 212620** Sub District **Fatehpur** District **Fatehpur** State / UTs **Uttar Pradesh** 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 **PPRP**

(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

Mannu

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member




Issuing Medical Authority, Fatehpur, Uttar Pradesh

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