

# UNIQUE DISABILITY ID

Government of India



STATE ID:  
**N/A**

Aadhaar No.  
**\*\*\*\*\*9908**



Address of the Card Issuing Authority State/District level

**District Civil Hospital,district Hospital Campus, Aundh Camp, Pune, Maharashtra - 411001**



# UNIQUE DISABILITY ID

Government of India



नाम / Name

रुचा दिपक चौधरी

**Rucha Dipak Chaudhari**

UD ID

**MH25100620070160129**

Disability Type

**Locomotor Disability**

Year of Birth

**2007**

% of Disability

**84% (Eighty Four Percent)**

Date of Issue

**22/01/2020**

Valid upto

**Permanent**



*[Signature]*  
Issuing Authority Sign