



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

## Disability Certificate

Superintendent  
Capital Hospital, Unit-6, Ganganagar  
Khordha, Odisha, 751001



**Certificate/UDID No. OD3690319970014829**

**Date of Issue: 15/07/2025**

This is to certify that I/We have carefully examined **Haraprasanna Misra** Son of **Himansu Sekhar Misra**, Date of Birth **28/02/1997**, Gender **Male**, Registration No. **2136/20000/0250/50005910**, Resident of **Flat No - 1204, Tower - 3, tata Ariana, Kalinga Nagar, Ghatikia, Bhubaneswar, Bhubaneswar (m.corp.), Khordha, Odisha - 751029** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Low Vision.**

(B) Name of affected body part: **Eyes.**

(C) The diagnosis in his case is **Both Eye Nystagmus with pallor of optic disc .**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 01/07/2026** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024**.

Haraprasanna Misra

Signature / Thumb impression of the Person with Disability:

*Haraprasanna Misra*  
Specialist in **psychiatry**  
Capital Hospital, BBSR  
Govt. of Odisha

Signature of notified Medical Authority Members:

S. C. Superintendent  
Capital Hospital Bhubaneswar

Superintendent  
Capital Hospital, Unit-6, Ganganagar  
Khordha, Odisha, 751001



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