



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

Disability Certificate

Dmo Office,kozhikode, Kozhikode, Kerala



Certificate No.: KL0420619910087099

Date: 29/02/2020

This is to certify that I/We have carefully examined Shri **Jithinraj P** Son of Shri **Rajan P**, Date of Birth **02/05/1991**, Male, Registration No. **3204/00000/2001/0298966**, resident of **Thavarakkattil Kambiliparambu 673019 - 673019**, Sub District **Kozhikode**, District **Kozhikode**, State / UT **Kerala**

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

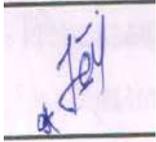
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **ANKLE DISARTICULATION WITH NON HEALING ULCER**

(C) He has **40%** (in figure) **Forty** percent(in words) Permanent Disability in relation to his **RIGHT LOWER 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. 76(E) dated 04/01/2018).

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



Dmo Office,kozhikode
Kozhikode, Kerala

