



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

Disability Certificate

**Atal Bihari Vajpayee Institute Of Medical Sciences And Dr. Ram Manohar Lohia Hospital
New Delhi, Delhi**



Certificate No.: DL0140620020108065

Date: 12/05/2023

This is to certify that I/we have carefully examined Shri **Karan**, Son of Shri **Jaikishan**, Date of Birth **26/01/2002**, Age **21**, M, Registration No. **0701/00000/2304/0258295**, resident of House No. **G-411, G Block, Near Mcd School Sultanpuri F Block, North West Delhi - 110086**, Sub District **Rohini**, District **North West**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **Congenital Absence of (R) Hand**

(C) He has **64%**(in figure) **Sixty Four** percent(in words) Permanent Disability in relation to his Right 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. 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

Signatory of notified Medical Authority Member(s)



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