



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

Disability Certificate

Community Health Centre S Kota
S.Kota,Near MDO Office
Vizianagaram, Andhra Pradesh, 535145



Certificate/UDID No. AP5270519850004400

Date of Issue: 19/06/2025

This is to certify that I/We have carefully examined **Tamatapu Naram Naidu** Son of **Tamatapu Ramu**, Date of Birth **10/06/1985**, Gender **Male**, Registration No. **2852/10000/0250/20002958**, Resident of **Bc Colony Madhupada Village, Gantyada, Vizianagaram, Andhra Pradesh - 535148** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **Locomotor Disability.**

(C) The diagnosis in his case is **Locomotor Disability.**

(D) **He** has **65%** (in figure) **sixty five** percent(in words) disability and the nature of certificate is **Permanent** 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.**

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

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