



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

Disability Certificate

Udid Card Issuing Authority
Tiruvannamalai, Tamil Nadu



Certificate No.: TN0540619880369874

Date: 06/03/2017

This is to certify that I/we have carefully examined Shri **Sathishkumar R**, Son of Shri **Ramadoss**, Date of Birth **02/01/1988**, Age **35**, M, Registration No. **3305/00000/2112/1020997**, resident of House No. **110, Erikarai Street, Thachampattu Village - 606811**, Sub District **Tiruvannamalai**, District **Tiruvannamalai**, State / UT **Tamil Nadu**, 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 **post polio residual palsy**

(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his Left Leg 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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