



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

## Disability Certificate

Issuing Medical Authority, Allahabad, Uttar Pradesh



**Certificate No.: UP4410619980139147**

**Date: 24/10/2002**

This is to certify that I/we have carefully examined Shri **Prafulla Kumar Yadav**, Son of Shri **Bas Dev**, Date of Birth **25/07/1998**, Age **23**, Male, Registration No. **0944/00000/1802/0210942**, resident of House No. **Vill Soron Post Soron, Dist Allahabad, Up 212405 - 212405**, Sub District **Handia**, District **Allahabad**, State / UT **Uttar Pradesh**, 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 **Amputation Right Upper Limb**

**(C)** He has **55%**(in figure) **Fifty Five** 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

प्रफुल्ल कुमार यादव

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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