



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

Disability Certificate

District Hospital, Anakapalli, Anakapalli, Andhra Pradesh



Certificate No.: AP7440520020003305

Date: 18/09/2024

This is to certify that I/We have carefully examined **Malla Purushotham** Son of Shri **Malla Madhavarao**, Date of Birth **13/08/2002**, Male, Registration No. **2874/40000/0240/70002644**, resident of **Andhrapradesh Vishakapatnam Anakapalle Gavarampallem Kotavedhi D/no16-3-118b - 531001**, Sub District **Anakapalli**, , District **Anakapalli**, , State / UT **Andhra Pradesh** 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 **CONGENITAL DEFORMITIES OF LIMBS**

(C) He has **61%** (in figure) **sixty one** percent(in words) Permanent Disability in relation to his ALL 4 LIMBS IMPAIRED REACH 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. 1338 (E) Dated 12.03.2024).

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

Swaran

District Hospital, Anakapalli
Anakapalli, Andhra Pradesh



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