



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

Disability Certificate

Chief Medical Officer
Office of the Chief Medical Officer
Firozabad, Uttar Pradesh, 283203



Certificate/UDID No. UP1440519980018402

Date of Issue: 30/07/2025

This is to certify that I/We have carefully examined **Arpit Agarwal** Son of **Pankaj Agarwal**, Date of Birth **12/08/1998**, Gender **Male**, Registration No. **0914/30000/0250/50005695**, Resident of **437 Bodhashrma Tapa Road Firozabad, Firozabad, Uttar Pradesh - 283203** 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: **One Leg (OL)**.

(C) The diagnosis in his case is **UNITED FRACTURE FEMUR SHAFT WITH IMPLANT IN SITU LEFT SIDE LOWER LIMB.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 30/07/2028** 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:



8m

Chief Medical Officer
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Signature of notified Medical Authority Members:



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