



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

Disability Certificate

Issuing Medical Authority, Chhatarpur, Madhya Pradesh



Certificate No.: MP0820620020056980

Date: 20/11/2012

This is to certify that I/We have carefully examined Kum. **Shruti Cheria Toppo** Daughter of Shri **Singha Toppo** Date of Birth **22/08/2002** Age **16 Year(s)** Female, Registration No. **2308/00000/1809/1100788** resident of House No. **Near Pathak Atta Chakki, Choubey Colony, Chhatarpur - 471001** Sub District **Chhatarpur** District **Chhatarpur** State / UTs **Madhya Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Locomotor Disability

(B) The diagnosis in her case is **No**

(C) She has **55%**(in figure) **Fifty Five** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Other (Domicile Certificate)

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



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