



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

Disability Certificate

Chief Medical Officer District Hospital Ramanagara
Near Jilla Panchayath, BM Road
Ramanagara, Karnataka, 562159



Certificate/UDID No. KA6380519960003884

Date of Issue: 16/01/2026

This is to certify that I/We have carefully examined **Sunil Kumar A P** Son of **Sharadamma**, Date of Birth **15/11/1996**, Gender **Male**, Registration No. **2963/10000/0260/10002928**, Resident of **Arekattedoddi Grama, Kabbalu Post, Kanakapura Talluku, Sathanuru Hobali, Kanakapura, Ramanagara, Karnataka - 562126** 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: **Back bone** .

(C) The diagnosis in his case is **POST TRAUMA PARAPLEGIA**.

(D) **He** has **80%** (in figure) **eighty** percent(in words) disability and the nature of certificate is **Permanent** 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:

Signature of notified Medical Authority Members:

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