



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.**

*Sunil Kumar A P*

Signature / Thumb impression of the Person with  
Disability:

*Thay*

Signature of notified Medical Authority Members:

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

*C. Jayaram*



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