



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

Disability Certificate

Chief Medical Officer, Kanpur Nagar, Kanpur Nagar, Uttar Pradesh



Certificate No.: UP3320619990094694

Date: 01/02/2020

This is to certify that I/We have carefully examined Shri **Nand Kishor** Son of Shri **Vishvnath**, Date of Birth **01/01/1999**, Male, Registration No. **0933/00000/1902/0886313**, resident of **Saijana Baranda Kanpur Nagar - 209202**, Sub District **Bilhaur**, District **Kanpur Nagar**, State / UT **Uttar 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 **EQUINOVARUS DEFORMITY BOTH FOOT WITH WASTING BOTH LEG WITH WASTING BOTH THIGH**

(C) He has **45%** (in figure) **Forty Five** percent(in words) Permanent Disability in relation to his **BOTH THIGH** 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. 76(E) dated 04/01/2018).

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

Chief Medical Officer, Kanpur Nagar
Kanpur Nagar, Uttar Pradesh

