



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

Disability Certificate

Government Rehabilitation Homes

District Differently Abled Welfare Office, Government Peripheral Hospital Campus, K.K.
Nagar
Chennai, Tamil Nadu, 603111



Certificate/UDID No. TN5690519780005903

Date of Issue: 08/12/2025

This is to certify that I/We have carefully examined **Sivakumar Subas** Care of **K Manju**, Date of Birth **18/06/1978**, Gender **Male**, Registration No. **3356/80000/0250/20020297**, Resident of **S2, Concrete Concepts, No.288, Murugu Nagar 3rd Street, Vijaya Nagar, Velachery, Chennai, Velachery, Chennai, Tamil Nadu - 600042** 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: **BOTH UPPER AND BOTH LOWER LIMB .**

(C) The diagnosis in his case is **TRAUMATIC QUADREPLEGIA .**

(D) **He** has **75%** (in figure) **seventy five** 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

Signature / Thumb impression of the Person with
Disability:

Signature of notified Medical Authority Members:

Signature

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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.