



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

## Disability Certificate

Lok Nayak Hospital  
Jawaharlal Nehru Marg, Near Delhi Gate, Delhi Gate  
Central, Delhi, 110002



**Certificate/UDID No. DL7790519890006927**

**Date of Issue: 17/03/2025**

This is to certify that I/We have carefully examined **Lalit Kumar** Care of **Manoj Kumar**, Date of Birth **01/02/1989**, Gender **Male**, Registration No. **0777/00000/2503/0002916**, Resident of **E 1 Block, Street Number 7 House Number 373 Nehru Vihar Dayal Pur, Seelam Pur, North East, Delhi - 110094** 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: **Left lower limb.**

(C) The diagnosis in his case is **PPRP Left lower limb.**

(D) **He** has **40%** (in figure) **forty** 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:

Lok Nayak Hospital  
Jawaharlal Nehru Marg, Near Delhi Gate, Delhi Gate  
Central, Delhi, 110002



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