



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

Disability Certificate

Karnataka Institute Of Medical Science, Hubli, Dharwad, Karnataka



Certificate No.: KA5390519880003007

Date: 05/06/2024

This is to certify that I/We have carefully examined Shri **Praveenkumar Kammar** Son of Shri **Gurappa**, Date of Birth **31/05/1988**, Male, Registration No. **2908/00000/2107/0399254**, resident of **H No 77 Basava Estate Behind Saibaba Temple Shantanagar Navanagar Hubli - 580025**, Sub District **Hubballi**, District **Dharwad**, State / UT **Karnataka**

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 **PPRP OF RIGHT LOWER LIMB**

(C) He has **50%** (in figure) **fifty** percent(in words) Permanent Disability in relation to his Right Lower Limb 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

Karnataka Institute Of Medical Science, Hubli
Dharwad, Karnataka

