



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

Disability Certificate

Chief Medical Officer

Office of the Chief Medical Officer, District Hospital Campus
Gonda, Uttar Pradesh, 271001



Certificate/UDID No. UP1450520020011878

Date of Issue: 21/01/2026

This is to certify that I/We have carefully examined **Waheed Ahmad** Son of **Basheer Ahmad**, Date of Birth **15/02/2002**, Gender **Male**, Registration No. **0916/20000/0250/80011366**, Resident of **S/o Basheer Ahmad, , , 238, Nai Basti, Utraula Road, Mohalla Mahrajganj, Gonda, Gonda, Uttar Pradesh - 271001** 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: **KNEE, ANKLE.**

(C) The diagnosis in his case is **POST BURN CONTRACTURE R KNEE R ANKLE, 40%, 29-12-25.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 19/07/2026** 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.**

Waheed Ahmad

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Chief Medical Officer
Office of the Chief Medical Officer, District Hospital Campus
Gonda, Uttar Pradesh, 271001



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