



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

Disability Certificate

Chief Medical Officer
Old District Hospital Complex
Baramulla, Jammu And Kashmir, 193301



Certificate/UDID No. JK0310419910003363

Date of Issue: 07/02/2026

This is to certify that I/We have carefully examined **Zameer Ahmad Khandy** Son of **Ab Gaffar Khandy**, Date of Birth **05/02/1991**, Gender **Male**, Registration No. **0103/00000/2601/0002962**, Resident of **Ward No. 12 Khanday Mohalla Pattan, Hanfia Jamia Masjid, Pattan, Baramulla, Jammu And Kashmir - 193121** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Hearing Impairment.**

(B) Name of affected body part: **Right Ear.**

(C) The diagnosis in his case is **(R) CSOM Moderate CHL (57dB).**

(D) **He** has **20%** (in figure) **twenty** 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:

Chief Medical Officer
Old District Hospital Complex
Baramulla, Jammu And Kashmir, 193301



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