



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

Disability Certificate

Chief District Medical Officer
City Hospital, Berhampur
Ganjam, Odisha, 760001



Certificate/UDID No. OD190042000098634

Date of Issue: 29/01/2025

This is to certify that I/We have carefully examined **Lochan Swain** Son of **Satrughana Swain**, Date of Birth **24/01/2000**, Gender **Male**, Registration No. **2119/00000/1803/0062857**, Resident of **At-narendra Pur Po-narendra Pur Via-pitala, Hinjili, Ganjam, Odisha - 761103** 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: **Both Ear.**

(C) The diagnosis in his case is ***BILATERAL MODERATE HEARING LOSS. .**

(D) **He** has **61%** (in figure) **sixty one** percent(in words) disability and the nature of certificate is **Temporary and valid till 29/01/2030** 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.**

Lochan Swain

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Chief District Medical Officer
City Hospital, Berhampur
Ganjam, Odisha, 760001



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