



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

Disability Certificate

Chief Medical Officer
Old District Hospital Campus
Shahjahanpur, Uttar Pradesh, 242001



Certificate/UDID No. UP1830319980010414

Date of Issue: 20/03/2026

This is to certify that I/We have carefully examined **Varsha Saxena** Daughter of **Sukh Lal**, Date of Birth **06/07/1998**, Gender **Female**, Registration No. **0918/00000/0260/10020418**, Resident of **C/o Saurabh Mohan, 261 Emanzai Jalalnagar Near Ashfak Ulla Khan Ki Mazar, Shahjahanpur, Shahjahanpur, Uttar Pradesh - 242001** whose photograph is affixed above, and I am/we are satisfied that:

(A) **She** is a case of : **Low Vision.**

(B) Name of affected body part: **Both Eye.**

(C) The diagnosis in her case is **Severe Myopic Degenration.**

(D) **She** 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:

Chief Medical Officer
Old District Hospital Campus
Shahjahanpur, Uttar Pradesh, 242001



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