



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

Disability Certificate

Udid Card Issuing Authority

District Differently Abled Welfare Office, Government Peripheral Hospital Campus, K.K.
Nagar
Chennai, Tamil Nadu, 603111



Certificate/UDID No. TN5690420050020249

Date of Issue: 25/04/2025

This is to certify that I/We have carefully examined **S D Gokulvasan** Son of **Sangeetha**, Date of Birth **21/08/2005**, Gender **Male**, Registration No. **3356/80000/0250/40019535**, Resident of **12/24, Bharathiyar Street, Kaikankuppam, Valasaravakkam, Chennai, Maduravoyal, Chennai, Tamil Nadu - 600087** 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 SENSORINEURAL HEARING LOSS .**

(D) **He** has **66%** (in figure) **sixty six** percent(in words) disability and the nature of certificate is **Temporary and valid till 19/08/2027** 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.**

S D Gokulvasan

Signature / Thumb impression of the Person with
Disability:

Signature of notified Medical Authority Members:

[Signature]

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