



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

Disability Certificate

Medical Superintendent Sarojini Devi Eye Hospital
Humayun Nagar
Hyderabad, Telangana, 500028



Certificate/UDID No. TG5090220670005768

Date of Issue: 13/05/2025

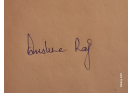
This is to certify that I/We have carefully examined **Christina Raj** Daughter of **Swamy Joseph Thyagaraj**, Date of Birth **29/07/1967**, Gender **Female**, Registration No. **3605/00000/2307/0285690**, Resident of **Hno 1-1-118/119 Alliance House Apartments Flat No 111 Sarojini Devi Road Secunderabad, Secunderabad, Hyderabad, Telangana - 500003** whose photograph is affixed above, and I am/we are satisfied that:

(A) **She** is a case of : **Blindness.**

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

(C) The diagnosis in her case is **RIGHT EYE GLAUCOMA IN APHAKIA LEFT EYE GLAUCOMA IN PSEUDOPHAKIA.**

(D) **She** has **100%** (in figure) **one hundred** 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 for Scanning
(Signature Preferably in Green Colour)

Signature :
Name : Dr. M. Anurica Devi
Designation : Assistant Professor
Regd.No : TSmc/FMA/10135

Signature of notified Medical Authority Members:

Signature :
Dr. MOONIL
Designation: Superintendent
Regn.No : 12563

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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.