



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

Disability Certificate

Deen Dayal Upadhyay Hospital, West, Delhi



Certificate No.: DL8550419720014810

Date: 24/12/2024

This is to certify that I/We have carefully examined Shri **Chandan Singh Nayal** Son of Shri **Hira Singh Nayal**, Date of Birth **18/04/1972**, Male, Registration No. **0785/00000/2412/0009272**, resident of **A4/307 Dda Janta Flats Paschim Vihar New Delhi 110063 - 110063**, Sub District **Punjabi Bagh**, District **West**, State / UT **Delhi**

Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **S.N. DEAFNESS**.

(C) He has **72%** (in figure) **seventy two** percent(in words) Permanent Disability in relation to his **BOTH EARS**. as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 1338 (E) Dated 12.03.2024).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Deen Dayal Upadhyay Hospital
West, Delhi

