



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

Disability Certificate

Chief Medical Officer
Office of the Chief Medical Officer
Ballia, Uttar Pradesh, 277001



Certificate/UDID No. UP1230520070005871

Date of Issue: 12/02/2026

This is to certify that I/We have carefully examined **Ashish Pandey** Son of **Parmatma Nand Pandey**, Date of Birth **22/02/2007**, Gender **Male**, Registration No. **0912/60000/0251/20003601**, Resident of **Shivrampur Post Sawrubandh, Ballia, Uttar Pradesh - 277001** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Locomotor Disability.**

(B) Name of affected body part: **One Leg (OL).**

(C) The diagnosis in his case is **Weakness over Rt lower limb deformity over Rt ankle.**

(D) **He** 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**.

Ashish Pandey

Signature / Thumb impression of the Person with Disability:

Ashish Pandey

Chief Medical Officer

Signature of notified Medical Authority Members:

Chief Medical Officer
Office of the Chief Medical Officer
Ballia, Uttar Pradesh, 277001



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