



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

Disability Certificate

Government General Hospital
Vijayawada, Near NTR University, Gunadala
Ntr, Andhra Pradesh, 520008



Certificate/UDID No. AP7470519860006460

Date of Issue: 29/11/2025

This is to certify that I/We have carefully examined **Rajesh Basa** Son of **B Anasuya**, Date of Birth **10/10/1986**, Gender **Male**, Registration No. **2874/90000/0251/10004001**, Resident of **S/o Sri Hari Rao Basa, 41-1/5-126, Gowthami Nagar, 1st Line, , Krishnalanka, Vijayawada Central, Ntr, Andhra Pradesh - 520013** 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: **Left Lower Limb.**

(C) The diagnosis in his case is **PPRP.**

(D) **He** has **75%** (in figure) **seventy five** 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.**

B. Rajesh

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

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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.