



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

## Disability Certificate

Deen Dayal Upadhyay Hospital  
Shaheed Mangal Pandey Marg, Nanak Pura, Hari Nagar  
West, Delhi, 110064



**Certificate/UDID No. DL8560519940003830**

**Date of Issue: 06/04/2026**

This is to certify that I/We have carefully examined **Varun Bansal** Son of **Rakesh Bansal**, Date of Birth **20/09/1994**, Gender **Male**, Registration No. **0708/00000/2312/3412814**, Resident of **L-163, Gali No- 5, Som Bazar Road, Rajapuri, Uttam Nagar, New Delhi, Rajouri Garden, West, Delhi - 110059** 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: **Both Leg (BL).**

(C) The diagnosis in his case is **BECHET DISEASE WITH BILATERAL LOWER LIMBS JOINT STIFFNESS.**

(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.**

Signature / Thumb impression of the Person with Disability:

Dr. Ravi Kant Nirala  
MS (Ortho), DNB  
Specialist  
DDU Hospital, New Delhi

Signature of notified Medical Authority Members:

Deen Dayal Upadhyay Hospital  
Shaheed Mangal Pandey Marg, Nanak Pura, Hari Nagar  
West, Delhi, 110064



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