



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

## Disability Certificate

Government Head Quarters Hospital  
Trivandrum Road, Padmanabapuram  
Kanniyakumari, Tamil Nadu, 629175



**Certificate/UDID No. TN5790519910015271**

**Date of Issue: 25/10/2025**

This is to certify that I/We have carefully examined **Sujitha Ramachandran** Care of **Kathirvel Murugan**, Date of Birth **26/01/1991**, Gender **Female**, Registration No. **3357/50000/0250/90022491**, Resident of **D/o Ramachandran, No 4-78, Kanchiravilai, , Thingal Nagar, Kalkulam, Kanniyakumari, Tamil Nadu - 629802** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **LEFT LOWER LIMB.**

(C) The diagnosis in her case is **POST POLIO RESIDUAL PARALYSIS.**

(D) **She** has **50%** (in figure) **fifty** 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.**

*R. Sujitha*

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

*[Signature]*

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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.