



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, P-Block Sanjay Nagar Sector-23
Ghaziabad, Uttar Pradesh, 201002



Certificate/UDID No. UP1430519910004169

Date of Issue: 09/01/2026

This is to certify that I/We have carefully examined **Jyoti Pandey** Care of **Rajiv Pandey**, Date of Birth **02/05/1991**, Gender **Female**, Registration No. **0914/50000/0260/10002764**, Resident of **li B 167, Nagar Nigam Colony, Sudamapuri, Ghaziabad, Ghaziabad, Uttar Pradesh - 201009** 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: **One Leg (OL).**

(C) The diagnosis in her case is **PPRP Right Lower Limb .**

(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**.

हस्ताक्षर / पाठशुद्धि

Signature / Thumb impression of the Person with Disability:

Chief Medical Officer
Office of the Chief Medical Officer, P-Block
Sanjay Nagar Sector-23
Ghaziabad, Uttar Pradesh, 201002

Signature of notified Medical Authority Members:



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