



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

Disability Certificate

Handicapped Medical Board, Varanasi, Varanasi, Uttar Pradesh



Certificate No.: UP6620619860016387

Date: 30/01/2019

This is to certify that I/We have carefully examined Shri **Manoj Kumar Rai** Son of Shri **Ramsundar Rai**, Date of Birth **09/07/1986**, Male, Registration No. **0966/00000/1901/1559040**, resident of **325, Kallipur Sapa Transformer Factory Mirzamurad - 221307**, Sub District **Varanasi Sadar**, District **Varanasi**, State / UT **Uttar Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **P.P.R.P right upper and lower limb and left lower limb .**

(C) He has **75%** (in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Right upper and lower limb ,left lower limb . as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Handicapped Medical Board, Varanasi
Varanasi, Uttar Pradesh

