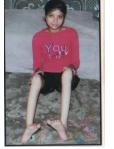




Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

## Disability Certificate

Issuing Medical Authority, Kanpur Nagar, Uttar Pradesh



**Certificate No.:** UP3320620010014356

**Date:** 03/05/2017

This is to certify that I/We have carefully examined Kum. **Mahak Sahu** Daughter of Shri **Ram Ratan Sahu** Date of Birth **05/08/2001** Age **16 Year(s)** Female, Registration No. **0933/00000/1804/0052506** resident of House No. **289/2b, Baba Nagar, Naubasta - 208021** Sub District **Kanpur** District **Kanpur Nagar** State / UTs **Uttar Pradesh** Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Locomotor Disability  
(B) The diagnosis in her case is **spastic paraparesis**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

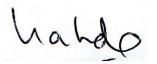
The applicant have been submitted the following document(s) as proof of residence

**Nature of Document(s):** Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



  
Issuing Medical Authority, Kanpur Nagar, Uttar Pradesh

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