



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

## Disability Certificate

General Hospital, Yelahanka  
Bengaluru Urban, Karnataka



Certificate No.: KA1890620030352861

Date: 02/09/2023

This is to certify that I/we have carefully examined Kum. **Sushma S**, Daughter of Shri **Suresh Vr**, Date of Birth **15/04/2003**, Age **20**, F, Registration No. **2918/00000/2308/0354183**, resident of House No. **95/23 2nd Cross Marchandhaiha Nagar Thirumenahalli, Yelahanka, Near Brigade Bricklane - 560064**, Sub District **Bengaluru North**, District **Bengaluru Urban**, State / UT **Karnataka**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in her case is **POST TRAUMATIC RIGHT ABOVE KNEE AMPUTATION**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to her **RIGHT THIGH** 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

Signatory of notified Medical Authority Member(s)



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