



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

## Disability Certificate

Chief Medical Officer  
Durgakund  
Varanasi, Uttar Pradesh, 221002



**Certificate/UDID No. UP1892020070005862**

**Date of Issue: 13/03/2026**

This is to certify that I/We have carefully examined **Aryan Singh** Son of **Shailendra Kumar Singh**, Date of Birth **30/06/2007**, Gender **Male**, Registration No. **0918/70000/0260/30003685**, Resident of **Vill. Hariharpur Ps/po Rohaniya Varanasi, Varanasi Sadar, Varanasi, Uttar Pradesh - 221108** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Speech and Language Disability.**

(B) Name of affected body part: **Mouth..**

(C) The diagnosis in his case is **Dysarthria in speech.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 10/03/2033** 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.**

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Chief Medical Officer  
Durgakund  
Varanasi, Uttar Pradesh, 221002



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