



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

Disability Certificate

Chief Medical Officer , Raebareli, Rae Bareli, Uttar Pradesh



Certificate No.: UP2710619930002358

Date: 16/01/2018

This is to certify that I/We have carefully examined Shri **Rohit Kumar** Son of Shri **Shyam Lal Soni**, Date of Birth **10/10/1993**, Male, Registration No. **0927/00000/1612/0001313**, resident of **Village Bhojpur Post Bhojpur District Raebareli - 229202**, Sub District **Lalganj**, District **Rae Bareli**, 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 **PPRP**

(C) He has **60%** (in figure) **Sixty** percent(in words) Permanent Disability in relation to his 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

Chief Medical Officer , Raebareli
Rae Bareli, Uttar Pradesh

