



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

Disability Certificate

Chief Medical Officer , Shamli, Shamli, Uttar Pradesh



Certificate No.: UP7410619970059532

Date: 22/02/2021

This is to certify that I/We have carefully examined Shri **Ankit Malik** Son of Shri **Satendra Mlaik**, Date of Birth **15/01/1997**, Male, Registration No. **0974/00000/2101/1026365**, resident of **00 Karoda Hathi Karoda Hathi - 247776**, Sub District **Shamli**, District **Shamli**, 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 **PL B/E PB**

(C) He has **90%** (in figure) **Ninety** percent(in words) Permanent Disability in relation to his **EYE** 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 , Shamli
Shamli, Uttar Pradesh

