



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

Disability Certificate

Chief Medical Officer , Ghaziabad, Ghaziabad, Uttar Pradesh



Certificate No.: UP0910719950146174

Date: 04/04/2024

This is to certify that I/We have carefully examined Shri **Abhishek Sharma** Son of Shri **Rajendra Sharma**, Date of Birth **07/08/1995**, Male, Registration No. **0909/00000/2404/0160974**, resident of **28 Gali No -1 Gaupuri, Gaushala Phatak - 201001**, Sub District **Ghaziabad**, District **Ghaziabad**, State / UT **Uttar Pradesh** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **RE Nil Maculopathy With proptosis LE High Myopia**

(C) He has **60%** (in figure) **Sixty** 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

Abhishek

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

[Signature]

Chief Medical Officer , Ghaziabad
Ghaziabad, Uttar Pradesh

