



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

## Disability Certificate

District Hospital, Kondapur  
District Hospital, Kondapur  
Ranga Reddy, Telangana, 500084



**Certificate/UDID No. TG5160820070024563**

**Date of Issue: 30/04/2026**

This is to certify that I/We have carefully examined **Hithashree Chaithanya** Daughter of **Venkata Chaithanya Kumar K**, Date of Birth **10/08/2007**, Gender **Female**, Registration No. **3651/80000/0260/40011523**, Resident of **C/o Venkata Chaithanya Kumar Kassa, Plot No 102, H No 7-15/104/105/102, Gsr Platina Street No 4 Alkapoori Township, Sector 2d, Rajendranagar, Ranga Reddy, Telangana - 500089** whose photograph is affixed above, and I am/we are satisfied that:

(A) **She** is a case of : **Intellectual Disability.**

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

(C) The diagnosis in her case is **Intellectual disability.**

(D) **She** has **50%** (in figure) **fifty** percent(in words) disability and the nature of certificate is **Permanent** 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.**

Hithashree

Signature / Thumb impression of the Person with Disability:

Ch. Chandrababu Naidu

Signature  
Dr. Ch. Chandrababu Naidu  
Designation: Deputy Civil Surgeon Specialist  
(Orthopaedics) (RMO)  
Regn.No. 82915

Dr. R. S. Vrushali Reddy

Signature  
Dr. R. S. Vrushali Reddy  
Designation: Clinical Psychologist  
Regn.No. CRR A58494

Dr. G. Anurag Reddy

Signature  
Dr. G. Anurag Reddy  
Designation: M.B.B.S., CSS (OCCO)  
Medical Superintendent  
Regn.No. 53015

Signature of notified Medical Authority Members:

District Hospital, Kondapur  
District Hospital, Kondapur  
Ranga Reddy, Telangana, 500084



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