



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

## Disability Certificate

Medical Superintendent, King George Hospital, Visakhapatnam, Andhra Pradesh



**Certificate No.:** AP1390419980999093

**Date:** 13/12/2023

This is to certify that I/We have carefully examined Shri **Sreeram Kanaka Venkata Satya Uday Kiran** Son of Shri **Sreeram Kanaka Venkata Adinarayana Rao**, Date of Birth **25/05/1998**, Male, Registration No. **2813/00000/2312/2658791**, resident of **18-6/a,17-240/a 69th Ward Greater Vishaka** - , Sub District **Anakapalli**, District **Visakhapatnam**, State / UT **Andhra Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

**(A)** He is a case of **Hearing Impairment**

**(B)** The diagnosis in his case is **SNHL**

**(C)** He has **53%** (in figure) **FiftyThree** percent(in words) Permanent Disability in relation to his 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):** Ration Card

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Medical Superintendent, King George Hospital  
Visakhapatnam, Andhra Pradesh



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