



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

Disability Certificate

Civil Surgeon
Civil Surgeon Office, Sadar Hospital Campus, Ara
Bhojpur, Bihar, 802301



Certificate/UDID No. BR1960519850004857

Date of Issue: 08/05/2026

This is to certify that I/We have carefully examined **Dhirendra Singh** Son of **Surendra Singh**, Date of Birth **05/08/1985**, Gender **Male**, Registration No. **1019/30000/0250/30010855**, Resident of **Add - Ward No-09, Vill - Rasauli, Po - Nonar, Ps - Piro, Piro, Bhojpur, Bihar - 802207** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Locomotor Disability.**

(B) Name of affected body part: **Both Leg (BL).**

(C) The diagnosis in his case is **Paraplegia Both Lower Limb.**

(D) **He** has **65%** (in figure) **sixty five** 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.**

Dhirendra Singh

Signature / Thumb impression of the Person with
Disability:

Pz

Surendra Singh

Civil Surgeon
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Signature of notified Medical Authority Members:



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