



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

Disability Certificate

District Medical Officer
Kottayam, Kerala



Certificate No.: KL1010819920027186

Date: 21/11/2017

This is to certify that I/we have carefully examined Shri **Rohith R**, Son of Shri **Santhosh Kumar G**, Date of Birth **04/11/1992**, Age **30**, M, Registration No. **3210/00000/2001/0606632**, resident of House No. **Chaithram, Thiruvathukkal, Kottayam West P O - 686003**, Sub District **Kottayam**, District **Kottayam**, State / UT **Kerala**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Illness**

(B) The diagnosis in his case is **SCHIZOPHRENIA-PARANOID, SCHIZOTYPAL DISORDER, OBSESSIVE COMPULSIVE DISORDER**

(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Brain 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

Signatory of notified Medical Authority Member(s)



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