



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

Disability Certificate

Medical Superintendent, Bowring And Lady Curzon Hospital Shivaji Nagar, Bengaluru
Urban, Karnataka



Certificate No.: KA1890619880343908

Date: 10/08/2023

This is to certify that I/We have carefully examined Shri **Venkatesh M V** Son of Shri **Vijay Raghav M K**, Date of Birth **18/06/1988**, Age **36**, Male, Registration No. **2918/00000/2305/1608195**, resident of **No 86 Sonnegowda Building Nagashettyhalli - 560094**, Sub District **Bengaluru North**, District **Bengaluru Urban**, State / UT **Karnataka** Whose photograph is affixed above, and I/We satisfied that:

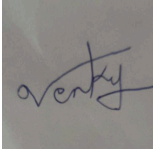
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **hemiplegia left sided**

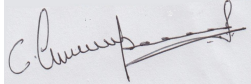
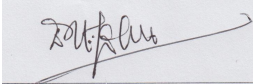
(C) He has **60%** (in figure) **Sixty** percent(in words) Permanent Disability in relation to his Left Upper Limb and Left Lower Limb as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of 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



G. Subramani

Signature of notified Medical Authority Member

Medical Superintendent, Bowring And Lady Curzon Hospital Shivaji Nagar
Bengaluru Urban, Karnataka

