



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

## Disability Certificate

Cdmo Office , Sundargarh, Sundargarh, Odisha



**Certificate No.:** OD0520419970248332

**Date:** 07/08/2021

This is to certify that I/We have carefully examined Shri **Mrutyunjay Mallick** Son of Shri **Gourahari Mallick**, Date of Birth **12/06/1997**, Male, Registration No. **2105/00000/2107/0359152**, resident of **Kendupara Sankara Sundargarh - 770020**, Sub District **Sundargarh Town**, District **Sundargarh**, State / UT **Odisha**

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 **R.T Moderate Severe Mixed && L.T Severe Mixed Hrring Loss**

**(C)** He has **67%** (in figure) **Sixty Seven** percent(in words) Permanent Disability in relation to his Both Ear 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):** Driving License

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Cdmo Office , Sundargarh  
Sundargarh, Odisha

