



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

## Disability Certificate

General Hospital, Shrirangapattana, Mandya, Karnataka



**Certificate No.:** KA1960220030043529

**Date:** 04/03/2020

This is to certify that I/We have carefully examined Shri **Surya Prakash** Son of Shri **Umesh P**, Date of Birth **28/02/2003**, Male, Registration No. **2919/00000/1910/1378447**, resident of **K Shettihalli Srirangapatna Taluk Mandya - 571807**, Sub District **Shrirangapattana**, District **Mandya**, State / UT **Karnataka**

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

**(A)** He is a case of **Blindness**

**(B)** The diagnosis in his case is **Traumatic Left Eye with Pthiasis Bulbi**

**(C)** He has **45%** (in figure) **Forty Five** percent(in words) Permanent Disability in relation to his Left Eye 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

Signature of notified Medical Authority Member

General Hospital, Shrirangapattana  
Mandya, Karnataka

