



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

Disability Certificate

District Hospital, Tekkali, Srikakulam, Andhra Pradesh



Certificate No.: AP1160619960723347

Date: 25/08/2023

This is to certify that I/We have carefully examined Shri **Bendalam Saichanikya** Son of Shri **Gopalarao**, Date of Birth **01/09/1996**, Male, Registration No. **2811/00000/2308/1543138**, resident of **1-84 Borivanka Kaviti** - , Sub District **Kaviti**, District **Srikakulam**, State / UT **Andhra Pradesh**

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

(C) He has **88%** (in figure) **EightyEight** percent(in words) Permanent Disability in relation to his 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): -

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

District Hospital, Tekkali
Srikakulam, Andhra Pradesh



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