



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

Disability Certificate

Issuing Medical Authority, Allahabad, Uttar Pradesh



Certificate No.: UP4410619860008378

Date: 15/05/2008

This is to certify that I/We have carefully examined Shri **Mohd Irfan Farooqui** Son of Shri **Mohd Irsad Farooqui** Date of Birth **04/05/1986** Age **32 Year(s)** Male, Registration No. **0944/00000/1806/0173583** resident of House No. **Village Harraiypur, Post Anapur, Allahabad - 228411** Sub District **Soraon** District **Allahabad** State / UTs **Uttar 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 **Congenital**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

md. Irfan farooqui

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Allahabad, Uttar Pradesh