



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

Disability Certificate

Issuing Medical Authority, Nainital, Uttarakhand



Certificate No.: UK1120619880028250

Date: 15/09/2000

This is to certify that I/we have carefully examined Shri **Kunwar Singh Dashauni**, Son of Shri **Sher Singh**, Date of Birth **05/04/1988**, Age **33**, Male, Registration No. **0511/00000/2107/1172592**, resident of House No. **Rawat Nagar-2, Bindukhatta - 262402**, Sub District **Lalkuan**, District **Nainital**, State / UT **Uttarakhand**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **BILATERAL CONGENITAL TOTAL EQUINOVARUS DEFORMITY OF BOTH LEGS**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his **BOTH 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

Signatory of notified Medical Authority Member(s)



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