



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

## Disability Certificate

General Hospital, K.r.puram  
Bengaluru Urban, Karnataka



**Certificate No.:** KA1890619860375861

**Date:** 21/11/2023

This is to certify that I/we have carefully examined Shri **Jithin Prakash Kolamkolly**, Son of Shri **Jayaprakash Madanan**, Date of Birth **03/12/1986**, Age **36**, M, Registration No. **2918/00000/2308/0888021**, resident of House No. **B 203 Vbhc Serene Town Kannamangala Village - 560067**, Sub District **Bengaluru North**, District **Bengaluru Urban**, State / UT **Karnataka**, 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 **Post Narmatic Paraplegia**

**(C)** He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Bith LL 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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