



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

## Disability Certificate

Issuing Medical Authority, Khordha, Odisha



Certificate No.: OD1740719940270065

Date: 17/03/2023

This is to certify that I/we have carefully examined Shri **Ajit Kumar Nayak**, Son of Shri **Rabin Kumar Nayak**, Date of Birth **10/05/1994**, Age **28**, Male, Registration No. **2117/00000/2301/0744735**, resident of House No. **Mohanty Sahi, Near Bhagat Ghar, Kushamati - 752050**, Sub District **Jatani**, District **Khordha**, State / UT **Odisha**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **RIGHT EYE COLOBOMA MACULA LEFT EYE COLOBOMA DISC**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his **BOTH 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

*Ajit Kumar Nayak*

Signature / Thumb Impression of the Person with Disability

*Rbn*  
Specialist in Ophthalmology  
D.H.H., KHORDHA

Signatory of notified Medical Authority Member(s)



*Rbn*

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